SAMPLE SUBMISSION FORM
(Reference SRP-021)

Send Final Report To:

Company _____
Attention _____
Address _____
City _____ State _____
Zip _____ Country _____
Phone _____ Fax _____
Email _____

Billing Information:

Address (If different than report to) _____
_____
_____
Purchase Order # _____
Accounts Payable Phone _____
Quote # / Cost _____

STS Protocol/SOP Number	Test/Guideline (AAMI, ISO, etc.)	Number of Samples	Product Name	Part Number	Lot Number

Applicable Departments (please X all that apply)

☐ Toxicology ☐ Microbiology ☐ Analytical Chemistry ☐ Validations/Reusables

Storage Conditions
☐ room temperature
☐ refrigerate
☐ freeze
☐ other _____

Sample Disposition
☐ discard
☐ return unused sample
☐ return used and unused sample

Product will be destroyed unless otherwise requested above.

Return Instructions
☐ UPS
☐ FedEx
☐ DHL
☐ other _____
account _____

Special Instructions _____

Replacement Value _____

Contact for questions pertaining to testing _____

Sponsor Authorization _____ Date _____

Unless other arrangements have been made, payment terms are net 30, quotes are valid for 30 days, prices are FOB Ethox International, Inc. STS Life Sciences Division and are valid for 6 months after acceptance of the quote.

Internal Use Only

Received By _____ Date _____
Approved By _____ Date _____
Method of Acceptance ☐ email ☐ fax ☐ phone
Test Number(s): _____

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