

CAL LABS USA Inc.

Sample Submission Form

130 Empire Drive. West Seneca, NY. 14224, Phone: (844) 622-5522 www.callabsusa.com Email: Glenn@Reenagrp.com

Existing Client: (If 'No', Please provide the Account and Reporting Information) Billing AccountInformation				Client Purchase Order #: Reporting Information					
									Contact:
Company Name:				Company Name:					
Street Address:			Province/State:	Street Address:				Province/State:	
City:			Country:	City:				Country:	
Postal Code:			Fax:	Postal Code:				Fax:	
E-Mail:		Phone:		E-M	E-Mail:			Phone:	
Data Delivery:	E-mail ((No Ch	arge)						
Service Options:	Regular -	Regular - 7 to 10 Business days / Rush 5 to 7 Business days (Pre-Approval required)							
Sample Type/Code:		Material Stage:		San	nple Handling		Storage Condition:		
Sample Informat	ion:	-							
Sample Name:				Lot #:			Quantity:		
			attach the Specifica	tion Sh	eet and highligh	t the require	ed tests))	
Specification S		ed							
Test			N. N.	Method †			Specification		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
†For drug products met Please advise if this se			ılidated/verified.Validate	d methods	s need to be transferre	ed and their sui	tability ver	ified at contract test labs.	
Client's Sample Testing Authorization: Name:						Signature:			
Sample Shipment: CAL accepts samples by mail or courier to: 130 Empire Drive. West Seneca, NY 14224. Sample deliveries are accepted Monday through Friday (except holidays), from 9:00 am to 5:00 pm. All received samples will be processed the following business day. Please refer to our Terms and Conditions available on www.cal-laboratories.com.						For office us CAL AR	-		

Please fill this Form <u>for each sample OR Same Group of Samples</u> and attach the other samples information separately.