



130 Empire Drive, West Seneca, New York, USA 14224
 Phone: (716) 427-5156
 Email: quality@callabusa.com | www.callabsusa.com

SAMPLE SUBMISSION FORM

Client Purchase Order #

Client Information *(For new clients, please include Reporting and Billing Account Information)*

Full Name	Company Name	
Email	Phone	Ext

Reporting Information *(Current clients: Please complete if information has changed)*

Billing Account Information *(Current clients: Please complete if information has changed)*

Full Name		Full Name	
Company Name		Company Name	
Address			
City	State/Prov	City	State/Prov
Postal Code	Country	Postal Code	Country
Email		Email	
Phone	Ext	Fax	
Phone		Ext	Fax

Service Options *(*Pre-Approval required for Rush Orders)*

Service Option	Data Delivery
Country Product Will Be Sold In:	Canada USA Other <i>(Please Specify)</i>

Sample Information *(Please complete this form for each sample OR same group of samples. Attach additional samples information separately.)*

Sample Type/Code	Material Stage	Sample Handling	Storage Condition
Sample Name	Lot Number	Sample Quantity	
		Required tests listed below	Specification sheet attached with required tests highlighted

#	Test	Method ¹	Specification
1			
2			
3			
4			
5			

¹ For drug products, methods are required to be validated/verified. Validated methods need to be transferred and their suitability verified at contract test labs. Please advise if this service is required.

Are there additional tests listed on page 2? *(Required field)*

Sample Testing Authorization	Client Signature	Date
Cal Labs USA Laboratory Coordinator Verified and Authorized	Laboratory Coordinator Signature	Date

Sample Shipment: Samples are accepted by mail or courier to:
 130 Empire Drive, West Seneca, New York, USA, 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.callabsusa.com.

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Client Purchase Order #

Client Information

Client Purchase Order #

Full Name	Company Name
Email	Phone

Sample Information (Continued from Page 1 for each sample OR same group of samples. Attach additional samples information separately.)

#	Test	Method ¹	Specification
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

¹ For drug products, methods are required to be validated/verified. Validated methods need to be transferred and their suitability verified at contract test labs. Please advise if this service is required.

IMPORTANT: Page 2 of the Sample Submission Form requires a Client Sample Testing Authorization, and Verification and Authorization from the Cal Labs USA Coordinator on page 1.

Sample Shipment: Samples are accepted by mail or courier to:
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