



SAMPLE TEST MODIFICATION/CANCELLATION FORM

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

CAL AR# Please refer to your automated email notification for your AR#.

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 *Check if there are no changes to both options*

Service Option	Data Delivery
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**Pre-approval required for Rush Orders*

Sample Modification/Cancellation Information *Check if there are no modifications or cancellations*

Modification	Cancellation	Reason for Change
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Sample Name	Lot Number	Quantity
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Required tests listed below Specification sheet attached with required tests highlighted Check if there is no change to this section

#	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 Modification/ Cancellation Authorization	Client Signature	Date
Cal Labs USA Laboratory Coordinator Verified and Authorized	CAL USA Signature	Date



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Client Information

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 Test Modification/Cancellation Form requires a Client Sample Testing Modification/Cancellation Authorization, and Verification and Authorization from the CAL USA Laboratory Coordinator on page 1.

CAL AR# <input type="text"/>
