

TEST REQUEST AND SAMPLE SUBMISSION FORM



Please contact Avatar Pharmaceutical Services with questions or comments

Phone: 508-281-6488 Fax: 508-281-6487

Sample Information			
Submitted By/Date:		Sample Matrix:	
Product Code or Description:			
Lot #:		Attached Documents: Yes No	
Number of Samples:		Storage: Ambient 4 °C -20°C -80°C Location:	
Sample Type: Standard Raw Material Sample Other: _____			
Testing Required: check all that apply [X]			
<input type="checkbox"/>	Appearance	<input type="checkbox"/>	HPLC IE
<input type="checkbox"/>	Calcium Chelation	<input type="checkbox"/>	HPLC RP
<input type="checkbox"/>	Citrate Concentration	<input type="checkbox"/>	KF/ Coulometric [] KF Evaporative Oven
<input type="checkbox"/>	CGE	<input type="checkbox"/>	KF/ Volumetric
<input type="checkbox"/>	Dissolution, profile	<input type="checkbox"/>	LAL
<input type="checkbox"/>	Dissolution, single pull	<input type="checkbox"/>	LC-MS
<input type="checkbox"/>	FTIR	<input type="checkbox"/>	LOD
<input type="checkbox"/>		<input type="checkbox"/>	Osmolality
<input type="checkbox"/>		<input type="checkbox"/>	pH
<input type="checkbox"/>		<input type="checkbox"/>	Photoexposure: ____ x ICH
<input type="checkbox"/>		<input type="checkbox"/>	UV Absorbance
<input type="checkbox"/>		<input type="checkbox"/>	Tm Analysis: RNA/DNA MW:
<input type="checkbox"/>		<input type="checkbox"/>	Tm Diluent: Tm Compliment:
<input type="checkbox"/>		<input type="checkbox"/>	Other:
Regulatory Services (check, if applicable)			
[] Check here if the sample(s) submitted for testing are in support of regulatory requirements. Additional charges may apply. Please consult Avatar for additional information.			
Client Information		P.O. Number:	
Send Results to:		Phone Number:	
		Fax Number:	
Address:			
Additional Information / Comments:			

PLEASE DO NOT WRITE BELOW THIS LINE: FOR AVATAR PURPOSES ONLY.

Quality Control Information	Avatar Project #:	Protocol #:
Time Pull:	Avatar Tracking Number:	Received by: Date:
Testing Performed:	Notebook Reference:	Analyst(s): Initials/Date