SAMPLE SUBMISSION FORM

Reference SRP-13 (ROC), QA-3 (SLC)

***All fields are required to be completed**

Quote/MSA # ____________ PO# ____________ Sample Disposition ☐ Discard ☐ Return (See pg. 2)

Send Final Report To:		Billing Information: ☐ Same	
Company:		Company:	
Contact:		Contact:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	

Sample Information:				Test Articles			
				☐ DO NOT OPEN – SAMPLES OVERPACKED			
Test Code and Name / Guideline	Test Article Name	Part #	Lot #	☐ Shared Samples		Pooling Instructions	Status
				# Sent	# to Test		
						☐ Individual ☐ Pooled: _____ Samples into _____ Results	☐R&D/ Other ☐GMP ☐GLP Extra fee incurred ☐STAT Extra fee incurred
						☐ Individual ☐ Pooled: _____ Samples into _____ Results	☐R&D/ Other ☐GMP ☐GLP Extra fee incurred ☐STAT Extra fee incurred
						☐ Individual ☐ Pooled: _____ Samples into _____ Results	☐R&D/ Other ☐GMP ☐GLP Extra fee incurred ☐STAT Extra fee incurred
						☐ Individual ☐ Pooled: _____ Samples into _____ Results	☐R&D/ Other ☐GMP ☐GLP Extra fee incurred ☐STAT Extra fee incurred
						☐ Individual ☐ Pooled: _____ Samples into _____ Results	☐R&D/ Other ☐GMP ☐GLP Extra fee incurred ☐STAT Extra fee incurred
Replacement Value: ☐ N/A							

Disclaimer: If samples are submitted to Canyon Labs without specific handling or testing instructions, Canyon Labs will follow its default testing and handling processes applicable to the sample type received.

Comments or Special Handling Instructions: ☐ N/A

Submitted Material Type:	☐ Medical Device	☐ Pharmaceutical	☐ Controlled Substance	☐ Water Sample	☐ Other	
Samples Submitted Sterilized:	☐ Yes ☐ No					
Storage Conditions:	☐ Room Temperature	☐ Refrigerate (2-8°C)	☐ Freeze (-10 to -25°C)	☐ Other		

Section A: Sponsor Authorization for testing, sign/date below:

Reports will be released by email unless otherwise requested.

Sponsor Authorization _____ Date _____

Unless other arrangements have been made, payment terms are net 30, prices are FOB Canyon Labs and are valid for 6 months after acceptance of the quote.

Canyon Labs Internal Use Only

Received By _____ Date _____

Approved By _____ Date _____

Test Number(s): _____

Test numbers verified by: _____ Initial/date

GLP Study No(s): _____

(if applicable) _____

Verify address for Return/Forwarding samples: ☐ Same as above ☐ N/A

Address						City	
State/ Province		Country:		Zip/Post Code		Phone Number	

☐ Untested Samples ☐ Tested Samples ☐ Dataloggers ☐Other:_____	
Shipping Conditions	☐ Ambient/ Room Temp ☐ Ice Packs ☐ Dry Ice ☐Original Containers
Shipping Information (include account number)	☐ FedEx Account #: _____ ☐ UPS Account #: _____ ☐ Other:_____Account #: _____
Shipping Speed	☐ Next Day ☐Next Day - Early ☐ 2 Day ☐ Ground
Special Instructions	☐ Return Data Loggers ☐Hold for Pick-up ☐Other:_____

Sample Shipment Instructions

1. Label every sample for quick identification. Please label your boxes with the quote number of your study.
2. **Include a copy of your Sample Submission Form with your shipment.** Testing cannot begin nor samples processed until we have a complete Sample Submission Form.
3. Utilize protective packaging to ensure your samples get here safe. If working with the packaging test lab, it is suggested that samples be **shipped** in overpacks. Please label the overpacks accordingly so we know to remove prior to testing. If your samples are GLP, need to be refrigerated, and/or requires special handling ensure it is labeled on the shipment.
4. Samples must be shipped prepaid.
5. Ship samples to the test location that is listed on your quote or MSA:

Salt Lake City, UT Location:

Attn: (Your Quote Number)
Canyon Labs
16217 S Bringhurst Dr Suite 600
Bluffdale, UT 84065

Rochester, NY Location:

Attn: (Your Quote Number)
Canyon Labs
7500 W Henrietta Rd
Rush, NY 14543

San Diego, CA Location:

Attn: (Your Quote Number)
Canyon Labs
2865 Scott St. #103
Vista, CA 92081

