

SAMPLE SUBMISSION FORM

Form Instructions: Step 1 - Fill Out All Respective Fields **Step 2** - Print Form & Include Paper Copy of Form with Shipment. **Step 3** - Submit Form Via E-Mail & CC Project Manager.

QUOTE NO.	MSA NO.	PO NO. (IF APPLICABLE)
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REPORT TO *(Information to be listed on the final report of the study)*

Contact		Company:	
Address			
City		State/Province:	
Zip/Post Code		Country:	
Phone		Email:	

SAMPLE/ SHIPMENT INSTRUCTIONS

Storage Conditions (upon receipt)	1. Ambient/ Room Temp 2. Refrigerated (2° to 8° C) 3. Freezer (-15° to -30° C) 4. Freezer (-70° to -90° C) (Please check with the lab for availability)
Special Handling	<input type="checkbox"/> Hazardous (MSDS Req.) <input type="checkbox"/> Controlled Substance <input type="checkbox"/> Biohazardous
Controlled Substance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other:

Test Article ID / Unique ID (eg. Run #, Lot #, Batch #)	Customer Part No.	Sample Qty.	Pooled Description	CL Test Code	Stat	GLP	Storage Conditions	Sample Disposition
			<input type="checkbox"/> None <input type="checkbox"/> ___ samples in ___ of groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Discard <input type="checkbox"/> Return
			<input type="checkbox"/> None <input type="checkbox"/> ___ samples in ___ of groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Discard <input type="checkbox"/> Return
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Sample Shipment Guidelines

1. Label every sample for quick identification. Please label your boxes with the quote number of your study.
2. **Please include a copy of your Sample Submission Form with your shipment.** Testing cannot begin nor samples processed until we have a completed 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 following address:

Attn: (Your Quote Number)

Canyon Labs Utah

16217 S Bringhurst Dr Suite 600

Bluffdale, UT 84065

To Be Completed if Sample Return Requested

Verify address for return samples:

Same as above

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

Shipping Conditions	<input type="checkbox"/> Ambient/ Room Temp	<input type="checkbox"/> Ice Packs	<input type="checkbox"/> Dry Ice	<input type="checkbox"/> Original Containers
Shipping Information (include account number)	<input type="checkbox"/> FedEx Account:	<input type="checkbox"/> UPS Account:	<input type="checkbox"/> Other:	
Shipping Speed	<input type="checkbox"/> Next Day	<input type="checkbox"/> Next Day - Early	<input type="checkbox"/> 2 Day	<input type="checkbox"/> Ground
Special Instructions	<input type="checkbox"/> Return Data Loggers <input type="checkbox"/> Other: _____ -			

Additional Samples (If Necessary)								
Test Article ID / Unique ID (eg. Run #, Lot #, Batch #)	Customer Part No.	Sample Qty.	Pooled Description	CL Test Code	Stat	GLP	Storage Conditions	Sample Disposition
			<input type="checkbox"/> None <input type="checkbox"/> ___ samples in ___ of groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Discard <input type="checkbox"/> Return
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