



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:
 Company: _____
 Contact: _____
 Address: _____

 Email: _____
 Phone: _____

Billing Information: Same
 Company: _____
 Contact: _____
 Address: _____

 Email: _____
 Phone: _____

Sample Information:				Test Articles			
Test Code and Name / Guideline	Test Article Name	Part #	Lot #	<input type="checkbox"/> DO NOT OPEN – SAMPLES OVERPACKED			
				<input type="checkbox"/> Shared Samples		Pooling Instructions	Status
				# Sent	# to Test		
						<input type="checkbox"/> Individual <input type="checkbox"/> Pooled: _____ Samples into _____ Results	<input type="checkbox"/> R&D/ Other <input type="checkbox"/> GMP <input type="checkbox"/> GLP Extra fee incurred <input type="checkbox"/> STAT Extra fee incurred
						<input type="checkbox"/> Individual <input type="checkbox"/> Pooled: _____ Samples into _____ Results	<input type="checkbox"/> R&D/ Other <input type="checkbox"/> GMP <input type="checkbox"/> GLP Extra fee incurred <input type="checkbox"/> STAT Extra fee incurred
						<input type="checkbox"/> Individual <input type="checkbox"/> Pooled: _____ Samples into _____ Results	<input type="checkbox"/> R&D/ Other <input type="checkbox"/> GMP <input type="checkbox"/> GLP Extra fee incurred <input type="checkbox"/> STAT Extra fee incurred
						<input type="checkbox"/> Individual <input type="checkbox"/> Pooled: _____ Samples into _____ Results	<input type="checkbox"/> R&D/ Other <input type="checkbox"/> GMP <input type="checkbox"/> GLP Extra fee incurred <input type="checkbox"/> STAT Extra fee incurred
						<input type="checkbox"/> Individual <input type="checkbox"/> Pooled: _____ Samples into _____ Results	<input type="checkbox"/> R&D/ Other <input type="checkbox"/> GMP <input type="checkbox"/> GLP Extra fee incurred <input type="checkbox"/> 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:	<input type="checkbox"/> Medical Device	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Water Sample	<input type="checkbox"/> Other
Samples Submitted Sterilized:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Storage Conditions:	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Refrigerate (2-8°C)	<input type="checkbox"/> Freeze (-10 to -25°C)	<input type="checkbox"/> 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

<input type="checkbox"/> Untested Samples	<input type="checkbox"/> Tested Samples	<input type="checkbox"/> Dataloggers	<input type="checkbox"/> Other: _____
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: _____ Account #: _____
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"/> Hold for Pick-up	<input type="checkbox"/> 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 Bringham 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