



SAMPLE SUBMISSION FORM

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

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

Quote/MSA #	PO#	Sample Disposition	<input type="checkbox"/> Discard <input type="checkbox"/> Return (See pg. 2)
Send Final Report To:		Billing Information: <input type="checkbox"/> Same	
Company: _____		Company: _____	
Contact: _____		Contact: _____	
Address: _____ _____		Address: _____ _____	
Email: _____		Email: _____	
Phone: _____		Phone: _____	

Sample Information:				Test Articles			
Test Code and Name / Guideline	Test Article Name	Part #	Lot #	DO NOT OPEN – SAMPLES OVERPACKED			
				<input type="checkbox"/> Shared Samples	Pooling Instructions		Status
# Sent	# to Test						
				<input type="checkbox"/> Individual			<input type="checkbox"/> R&D/ Other
				<input type="checkbox"/> Pooled: _____ Samples	into _____ Results		<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"/> R&D/ Other
				<input type="checkbox"/> Pooled: _____ Samples	into _____ Results		<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"/> R&D/ Other
				<input type="checkbox"/> Pooled: _____ Samples	into _____ Results		<input type="checkbox"/> GMP
							<input type="checkbox"/> GLP Extra fee incurred
							<input type="checkbox"/> STAT Extra fee incurred
Replacement Value: <input type="checkbox"/> N/A				<input type="checkbox"/> Individual			<input type="checkbox"/> R&D/ Other
				<input type="checkbox"/> Pooled: _____ Samples	into _____ Results		<input type="checkbox"/> GMP
							<input type="checkbox"/> GLP Extra fee incurred
							<input type="checkbox"/> STAT Extra fee incurred
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: <input type="checkbox"/> 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	Country:	Zip/Post Code	City	Phone Number
State/ Province				

<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 Brinthurst 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