



Sample Submission Form Instructions

Thank you for choosing Canyon Labs. To ensure efficient processing of your samples, please complete the Sample Submission Form carefully. Below are step-by-step instructions to guide you through each section of the form. The Sample Submission Form ensures accurate testing, traceability, and timely reporting for all submitted samples.

***All fields are required to be filled out.**

1. General Information

Quote/ MSA Number	Provide the quote number you received from your account representative. If you are requesting services different than what was quoted or if the quote has expired, please contact your account representative for a new quote. If working under an MSA (no quote), include MSA number.
Purchase Order	Provide your Purchase Order number. This number will be listed on your invoice. The PO should reflect the quoted amount for the services you are requesting.
Sample Disposition	<ul style="list-style-type: none">• Discard: We will dispose of the samples after testing has concluded.• Return: We will send back the samples after testing. Be sure to complete the return information on Page 2.
Send Final Report To	Enter the contact's name and email for report delivery. This will also be used as the contact for communication throughout the study.
Billing Information	This will be where the invoice will be sent for payment. If it is the same as Sponsor Information, check the "Same" box, and it will automatically populate the information.



Page 1 of 2

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:	

2. Sample Information:

Test Code and Name/ Guideline	Enter the test code and test name. The test code is listed as item # on your quote. If submitting under an MSA, providing the test code is essential. Complete one line per test code and sample grouping.																	
Test Article Name	Provide a description of the sample/ test article. This description is what will be listed on the final report.																	
Part Number	List your sample ID number and / or part number the way you want it listed on your final report. Ensure physical sample labels match the part numbers listed on this form. If additional space is needed for more information, please include that information on a separate attachment.																	
Lot Number	List your lot number. If this does not apply, enter N/A. You can list more than 1 lot in the same box if needed.																	
# Sent	List the total samples you sent (including any extras).																	
# to Test	List the total samples sent that you would like us to use for testing purposes.																	
Pooling Instructions (If Applicable)	<p>Select "Individual" to produce a separate result for each sample. Select "Pooled" to group the results together. Pooling instructions are required for each Test Code/ Test Line that is submitted on your SSF. Please use the box to indicate pooling instructions by line item for number of samples you would like tested in each pooled set. (Example: 9 total samples combined into 3 results.)</p> <p>Example: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Pooled: 9 Samples into 3 Results</p> <p>Note: If multiple samples are pooled for testing, traceability to individual sample identity is lost. In the event of a test failure, the specific contributing sample(s) cannot be identified. Pooling is performed at the submitter's discretion and risk. Pooling reduces traceability — only use if individual results are not required. Pooling does not apply to types of testing.</p>																	
Status*	<table border="1"> <tr> <th>Status</th> <th>When to Use</th> <th>Cost Impact</th> </tr> <tr> <td>GLP</td> <td>Testing with a safety endpoint intended for submission to the FDA in support of a research or marketing application.</td> <td>✓ Additional fee applies (listed on quote/MSA)</td> </tr> <tr> <td>GMP</td> <td>Lot release or in-process testing, which supports regulated product manufacturing, and when required, clinical trials or stability studies.</td> <td>⚠ No extra fee unless specified</td> </tr> <tr> <td>STAT</td> <td>Expedited turnaround needed</td> <td>✓ Additional fee applies</td> </tr> <tr> <td>R&D/ Other</td> <td>Testing that is not subject to GMP or GLP regulatory requirements.</td> <td>⚠ No extra fee unless specified</td> </tr> </table>	Status	When to Use	Cost Impact	GLP	Testing with a safety endpoint intended for submission to the FDA in support of a research or marketing application.	✓ Additional fee applies (listed on quote/MSA)	GMP	Lot release or in-process testing, which supports regulated product manufacturing, and when required, clinical trials or stability studies.	⚠ No extra fee unless specified	STAT	Expedited turnaround needed	✓ Additional fee applies	R&D/ Other	Testing that is not subject to GMP or GLP regulatory requirements.	⚠ No extra fee unless specified		
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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 <input type="checkbox"/> GMP <input type="checkbox"/> GLP <input type="checkbox"/> STAT Extra fee incurred

3. Comments or Special Handling:

Comments or Special Handling Instructions	List any special handling or specific instructions. If additional space is needed, include a separate attachment. If there are no comments, please check the N/A box.
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Comments or Special Handling Instructions: ☐ N/A

4. Submitted Material & Storage Conditions:

Submitted Material Type	Check the box to indicate the type of samples submitted.
Samples Submitted Sterile	Check the box to indicate if the samples were sterilized prior to submission.
Storage Conditions	Check the appropriate boxes to indicate how you would like your samples to be stored while at our lab.

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 Sterile:	<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		

5. Sponsor Authorization:

Sponsor Authorization	Please sign. Electronic signature acceptable if submitting digitally.
Date	Please date

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
Study/ Test Number(s):	
Study/ Test numbers verified by:	Initial/date
GLP Study No(s): (if applicable)	

6. Sample Return or Forwarding:

Address	List the address the return samples need to be sent. If they do not need to be returned, please selected the N/A box.
Sample Type	Please select the type of samples from your study that you wish to be sent back.
Shipping Conditions	Please list the temperature conditions the samples must be shipped under.
Shipping Information	Please enter your shipping account number and carrier for the return shipment.
Shipping Speed	Please list the shipping speed for the return shipment.
Special Instructions	Please list special instructions for the return shipment.

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:

Please print a copy of your sample submission form and include it with your shipment. If you have any questions while completing the form, please contact projectmanagement@canyonlabs.com. Providing accurate and complete information ensures timely processing of your samples.

Please note: Testing commences only after all required forms are completed, the quote is signed, and a purchase order has been received.