

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 Submisson 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	 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	☐ Discard ☐ Return (See pg. 2)				
Send Final Report To:			Billing Information:	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 nu needed.	mber. If this does not apply, enter N/A. You can lis	t more than 1 lot in the same box if			
# Sent	List the total sa	amples you sent (including any extras).				
# to Test	List the total sa	amples sent that you would like us to use for testin	g purposes.			
Pooling Instructions	results together on your SSF. Playou would like Example: Individual Pooled: 9 into 3 Re Note: If multiplost. In the every pooling is perf	ual" to produce a separate result for each sample. Ir. Pooling instructions are required for each Test Clease use the box to indicate pooling instructions be tested in each pooled set. (Example: 9 total sample. Samples Sults Ille samples are pooled for testing, traceability to ent of a test failure, the specific contributing samples are the submitter's discretion and risk. Polyidual results are not required.	code/ Test Line that is submitted by line item for number of samples les combined into 3 results.) o individual sample identity is mple(s) cannot be identified.			
Status*	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			

Sample Information:					Test Articles			
					□ DO	NOT OPEN - SAMPLES OVER	RPACKED	
Test Code and Name / Guideline	Test Article Name	Part #	Lot #	Shared	Samples	Pooling Instructions	Status	
				# Sent	# to Test	T COMITA MISA ACCIONS	Otatus	
						Individual Pooled: Samples into Results	GMP GLP Extra fee incurred STAT Extra fee incurred	

3. Comments or Special Handling:

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

Comments or Special Handling Instructions: N/A			

4. Submitted Material & Storage Conditions:

Submitted Material Type

Sponsor Authorization

			Check the sex to maleure the type of campies cashine				
Samples Submitted Sterile Check the box to indicate			the box to indicate	f the samples were sterilized prior to submission.			
Storage Conditions CI			Check the appropriate boxes to indicate how you would like your samples to be stored while at our				
J	lab.		,	•	•		
Submitted Material Type:	Medical Dev	Medical Device Pharmaceutical			☐ Water Sample	Other	
Samples Submitted Sterile:	Yes No)		•	-	'	
Storage Conditions:	Room Temp	erature	Refrigerate (2-8°C)	Freeze (-10 to -25°C)	Other		
5. Sponsor Au					1 20 1 20 1		
5. Sponsor Au Sponsor Authorization			e sign. Electronic si	gnature acceptable if s	submitting digitally.		
•				gnature acceptable if s	submitting digitally.		
Sponsor Authorization Date Section A: Sponsor Authorizati	n ion for testing, sign	Please Please	e date	gnature acceptable if s	submitting digitally.		
Sponsor Authorization Date	n ion for testing, sign	Please Please	e date	gnature acceptable if s	submitting digitally.		
Sponsor Authorization Date Section A: Sponsor Authorizati	n ion for testing, sign	Please Please	e date	gnature acceptable if s	submitting digitally. Canyon Labs Inte	rnal Use Only	

Check the box to indicate the type of samples submitted.

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

Canyon Labs Intern	nal Use Only
Received By	Date
Approved By	Date
Study/ Test Number(s):	
Study/ Test numbers verified by:	Initial/date
(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	Co	untry:	Zip/Post Code		Phone Number				
			,						
Untested Sam	ples Tested Samples	Dataloggers	Other:						
Shipping Conditions		Ambient/ Room Temp	lce Packs	Dry Ice Original Co	ntainers				
Shipping Information	n (include account number)	FedEx Account #:	UPS Account #:		Other:	Account #:			
Shipping Speed		Next Day Next Day - Ea	rly 🔲 2 Day	Ground					
Special Instructions		Return Data Loggers	Hold for Pick-up	Other:					

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