

UJAL Internal Use Only	
STN #	_____
Logged By/Date/Time	_____
Temp. when Received	_____
Invoice #	_____

SAMPLE SUBMISSION FORM

Purchase Order #:	Quote #:
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Customer Information	
Contact:	
Company:	
Phone:	
Email:	
Address:	
City:	State:
Zip:	Country:

Billing Information		Same as Customer <input type="checkbox"/>
Contact:		
Company:		
Phone:		
Email:		
Address:		
City:	State:	
Zip:	Country:	

Sample Information	
<i>Please use exact wording to be included on final report.</i>	
Sample Description:	
Lot Number:	Testing priority: Choose an item.
Sample Type: Choose an item.	Sample Storage: Choose an item.
Material Stage: Choose an item.	Sample Handling: Choose an item.
Product to be Sold in: Choose an item.	Stability Conditions: Choose an item.
Additional Information:	

- **REGULATORY REQUIREMENTS:** Method Validations/Verifications/Transfers, and any Suitability Tests MUST have been performed for drug products prior to any analysis. Please advise if you require this service.
- Sample deliveries are accepted Monday through Friday (except holidays), from 9:00 am to 5:00 pm. All received samples will be processed the following business day. Please refer to our Terms and Conditions available on www.ualinc.com. Sample deliveries are accepted through regular business hours (Monday – Friday, 9:00 am to 5:00 pm).
- Samples are accepted by mail or courier to: Unit#27 2500 Williams Parkway Brampton L6S 5M9

Client agrees to Universal Analytical Laboratories' Terms and Conditions. Unit#27 2500 Williams Parkway, Brampton L6S 5M9

Test Information			
S No	Test Requested <i>(Name of Test)</i>	Method to be Followed. <i>(USP, Customer Protocol, etc.)</i>	Acceptance Criteria <i>(Specifications)</i>

Customer Signature: _____	Date: _____
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Client agrees to Universal Analytical Laboratories' Terms and Conditions.
 Unit#27 2500 Williams Parkway, Brampton L6S 5M9