

# SAMPLE SUBMISSION FORM

(Reference SRP-021)

7500 West Henrietta Road | Rush, NY 14543 | 585.533.1672 | fax 585.533.1796

Quotation # _____	PO# _____	FedEx/UPS # for return _____
Send Final Report To:	Billing Information:	
Company: _____	Company: _____	
Contact: _____	Contact: _____	
Address: _____	Address: _____	
_____	_____	
Email: _____	Email: _____	
Phone: _____	Phone: _____	
Fax: _____	Fax: _____	

<b>Sample Information:</b>				
Test Name / Guideline (AAMI, ISO, USP, etc.)	Number of Samples	Product Name	Part #	Lot #
Replacement Value: _____				
Comments or Special Handling Instructions:				

<b>Check if for GLP:</b>			
<input type="checkbox"/> GLP			
<b>Applicable Departments:</b> (please mark all that apply)			
<input type="checkbox"/> Toxicology (see also page 2)	<input type="checkbox"/> Microbiology / BI / Reusables	<input type="checkbox"/> Analytical Chemistry	
<b>Submitted Material Type:</b>			
<input type="checkbox"/> Medical Device	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Other	
<b>Storage Conditions:</b>			
<input type="checkbox"/> Room temperature	<input type="checkbox"/> Refrigerate (2-8°C)	<input type="checkbox"/> Freeze (-10 to -25°C)	<input type="checkbox"/> other
<b>Sample Disposition:*</b>			
<input type="checkbox"/> Discard	<input type="checkbox"/> Return unused sample	<input type="checkbox"/> Return used and unused sample	

**\*Product will be destroyed unless otherwise indicated**

<b>Samples Received Sterile:</b>		
<input type="checkbox"/> Yes, processed per method indicated below:	<input type="checkbox"/> No, process per method indicated below:	<input type="checkbox"/> NA
<b>Sterilization Method:</b>		
<input type="checkbox"/> Ethylene Oxide	<input type="checkbox"/> Steam	<input type="checkbox"/> Gamma Irradiation
<input type="checkbox"/> Other: _____		

**Toxicology Specific Test Requirements, complete where applicable:**

*Note: Samples that are sold and used sterile shall be submitted sterile or be sterilized by the intended method prior to testing.*

<b>Submitted Material Type:</b>
<input type="checkbox"/> Plastic/polymer/metal
<input type="checkbox"/> Elastomer
<input type="checkbox"/> Coated material, composite, laminate
<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Other

<b>Safety Precautions:</b>
<input type="checkbox"/> None/unknown (standard precautions will be used)
<input type="checkbox"/> MSDS enclosed
<input type="checkbox"/> Flammable
<input type="checkbox"/> Biohazard level
<input type="checkbox"/> Other

<b>Extraction Condition / Media Options:</b>	
<input type="checkbox"/> 121°C – 1 hour <input type="checkbox"/> 70°C – 24 hour <input type="checkbox"/> 50°C – 72 hour <input type="checkbox"/> 37°C – 72 hour <input type="checkbox"/> 37°C – 24 hour (cytotoxicity testing in SS MEM) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Saline <input type="checkbox"/> Saline & vegetable oil <input type="checkbox"/> Saline, vegetable oil, 1:20 alcohol:saline, & polyethylene glycol (Class VI USP plastics only) <input type="checkbox"/> Serum supplemented MEM (cytotoxicity testing) <input type="checkbox"/> Water for BET <input type="checkbox"/> Other: _____

<input type="checkbox"/> Do NOT sub-divide (cut) test sample for extraction (Test sample will be cut into the appropriate sizes needed for testing unless box is checked.)
<input type="checkbox"/> Do NOT test entire article (Entire sample will be tested unless box is checked. Identify specific components or materials to be excluded below.):

<b>Sensitization / Irritation Evaluation:</b>	
<input type="checkbox"/> Direct Contact	<input type="checkbox"/> Extract

<b>Implantation Evaluation:**</b>	
<input type="checkbox"/> Histopathology	<input type="checkbox"/> Macroscopic (USP)
**Samples for histology and post mortem clinical evaluation will be submitted to an approved vendor. Samples submitted for implantation testing must be submitted sterile or be sterilized before testing.	

<b>Results to be released by:**</b>			
<input type="checkbox"/> Email (pdf)	<input type="checkbox"/> Fax	<input type="checkbox"/> US Mail	<input type="checkbox"/> UPS or FedEx account:

Sponsor Authorization \_\_\_\_\_ Date \_\_\_\_\_  
 Unless other arrangements have been made, payment terms are net 30, quotes are valid for 30 days, prices are FOB iuvo BioScience LLC and are valid for 6 months after acceptance of the quote.

<b>Internal Use Only</b>	
Received By _____	Date _____
Approved By _____	Date _____
Test Number(s): _____	
GLP Study No(s): _____ (if applicable)	