



**PHARMACEUTICAL
Test Request Form**

Laboratory Use Only	
Accession Number	_____
Logged By/Date/Time	_____
Temp. when Received	_____
MOC	<input type="checkbox"/> With sample <input type="checkbox"/> Other: _____

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

Billing Information		Same as Customer
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:	
Part Number:	Testing priority: <input type="checkbox"/> Standard <input type="checkbox"/> RUSH (<i>extra charge</i>)
Lot Number:	Sample Storage: <input type="checkbox"/> Light Sensitive <input type="checkbox"/> %RH _____
Date of Origin:	Batch Size:
<input type="checkbox"/> -25 to -15°C <input type="checkbox"/> 2-8°C <input type="checkbox"/> 20-25°C	
Total Quantity Submitted for Testing:	Hazardous Material: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> BUD Testing, Days:	<input type="checkbox"/> Accelerated
Investigate Out of Specification Result: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information:	

Test Information			
Test Requested (Name of Test)	# of Samples for Test	Method to be Followed (USP, Customer Protocol, etc.)	Acceptance Criteria

Customer Signature:	Date:
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Client agrees to Infinity Laboratories' terms and conditions.