

Test Request Form Ship Samples To:

Cambrex • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@cambrex.com

For Internal Tracking Use						
Internal #:						
Initial/Rec'd Via:						
Date/Time:						

			duct testing service		•				y result in testing delays.		
Please fill out form completely PO #		Requestor Contact			Invoicing (if different from Reques		t from Requestor)				
Quote #			Company				npany				
Turnaround Time (TAT)		Address			-	dress					
☐ Standard		City			Cit						
	STAT	See quote for	State/Zip				te/Zip				
☐ Tier 2		TAT and	Phone			Pho	_				
☐ Tier 3		associated fees	E-mail			E-n					
		ation for Non-ST		nin 3 busine	ss days — addition			ambrey procedu	re or compendial guidance		
Expedited test initiation for Non-STAT samples within 3 business days — additional fee applies if not required by Cambrex procedure or compendial guidance Check if requested: Initiation Timeline:											
	Sample Handling, Safety, and Disposition - Please include SDS prior to shipment – Complete ALL Sections										
			☐ Ambient		ezer Pack	Dry Ice		Unless	noted, temperature		
Storage (Conditions	()	☐ Ambient	□ 2-8	-		-70°C		ed returned to Requestor		
G	10.1.4		ondition selected, sa								
Controlle	ed Substan	nce? □No □Ye	1			1	List DEA				
			ot accept Schedul								
Radioact	tive?		•	ntact Camb		al and to coor	linate shi		pt of the material		
	Informatio	n Non-H			Biological	1	2		cannot receive and		
(check	all that apply)	☐ Chemi			☐ BSL				est BSL 3 materials		
☐ Discar				·	☐ Return all		L	Keturn un	used portions only*		
Sample I	Disposition	*Return v	☐ FedE		и.	☐ Other:	food may a	nnly If no Eas	TEV Assount # provided		
		Return v	ia. FedE	x Account	#:				dEx Account # provided, PO listed above)		
Phase of 1	Developme	ent: RD/Pha	se 1	nase 2	☐ Phase 3/C	ommercial					
Phase of Development: RD/Phase 1 Phase 2 Phase 3/Commercial Sample Information and Requested Testing											
			Sample 1	Informati o	on and Reques	sted Testing					
Quantity	Lot #	# Mat	terial Name / S	ample Des	scription	client SOP#		t Code	Specification		
Quantity	Lot #	# Mat		ample Des	scription			t Code e quote)	Specification (Required)		
Quantity	Lot #	# Mai	terial Name / S	ample Des	scription						
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Quantity	Lot #	7	terial Name / S (Will be reflected	ample Des	scription ort)	Client SOP#	(Sec	e quote)			
Quantity	Lot #	7	terial Name / S	ample Des d on final rep	scription ort) No		(Sec	e quote)			
		Include c	terial Name / S (Will be reflected)	d on final rep	Scription Ort) No Yes Probial IDs	Client SOP#	(Sec	e quote)	(Required)		
		Include of the microbial IDs	terial Name / S (Will be reflected)	d on final rep d data? Mico	No Yes	Client SOP#	(Sec	e quote)			
For above		Include of the microbial IDs	opy of the raw required? DenSeq (bacterial MALDI (bacterial MALDI (bacterial necessarial matter).	d on final rep d data? Mic o □Yes //yeast/mold) l/yeast only)	No Yes	Client SOP#	quote for pr	icing)	ther (describe in comments) Turnaround time clock begins upon attainment of an		
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