

**Section 1:**

**REPORT ADDRESSED AND MAILED TO:**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PH: \_\_\_\_\_ FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BILLING INFORMATION:**

Purchase Order No.: \_\_\_\_\_

Quotation No.: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Billing Comments: \_\_\_\_\_

**Section 2:**

**TEST ARTICLE IDENTIFICATION (Exact wording will be in final report):**

TEST ARTICLE NAME: \_\_\_\_\_

\_\_\_\_\_

LOT/BATCH No.: \_\_\_\_\_

**Total Quantity Submitted:** \_\_\_\_\_

**Sample Submitted is:**      Sterile      Not Sterilized

**Storage Condition:**

Room Temp.      4°C±2°C      -20°C±4°C      -80°C±10°C

Other Temp: \_\_\_\_\_

**DISPOSITION of TEST/CONTROL ARTICLE:**

Discard      Return unused      Return used & unused

**If samples to be returned, please provide shipping account info.:**

UPS      FedEx      Other: \_\_\_\_\_      Acct.# \_\_\_\_\_

*Note: Unless specified on the test request form, 1) all samples will be stored at room temperature, 2) all samples will be disposed of without prior notice to Sponsor, and 3) If Sponsor does not provide shipping account number, then Sponsor will incur a minimum of \$125 per shipment of returned test article*

STUDY DIRECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

TOXIKON PROJECT NUMBER: \_\_\_\_\_

LOGIN INITIALS \_\_\_\_\_

LOGIN DATE: \_\_\_\_\_

