

Sample Submission–Test Request**Section I: Information of Requestor for Sample Analysis (Only One Sample per Form)**

Client/Company Name:

Client/Company Address:

Contact Name and Designation:

Contact E-Mail and Phone:

Investigation/deviation Communication: (Please provide contact name, company and email)

Section II: Sample Information

Sample Description:

Manufacturer:

Manufacturer Lot #:

Manufacturer Expiration:

Client Lot #:

Client Receiving #:

Sample Form (check): Powder Tablet Capsule Other (list):Sample DEA Schedule (check): N/A I II IIN III IIIN IV V

Number of Containers:

Quantity/Container:

Sample Manufacturing Phase (check):

 Raw Material In-Process Finished Product Commercial Stability Development Validation
 Other (list):

Sample Storage Condition(s):

Section III: Tests Requested

Test/Analysis name	Method Reference	Specification/Protocol Reference	Additional Information

*Note: For full testing, list the specification number. Fill one form for each sample. Send the original form and keep the copy for records.***Section IV: Sample Receiving Record (For Liberty Pharma Inc. Use Only)**

Sample Received By/Date:

Carrier Name:

Airway/Shipping #:

Additional Notes:

Liberty Pharma Inc. Assigned AR No. (tracking purposes):

Head-QU/Designee Approval/Date:

Notes: Completed form filed with QU. Copy of the completed form to be filed with the completed sample records. These services are governed by Liberty Pharma Inc.'s terms and conditions unless a Master Quality/Services Agreement between the parties is in place, in which case that Master Quality/Services Agreement governs the services.