



CANADIAN ANALYTICAL LABORATORIES INC.

SAMPLE SUBMISSION FORM

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Existing Client: <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'No', Please provide the Account and Reporting Information)		Client Purchase Order #:	
Billing Account Information		Reporting Information <input type="checkbox"/> Same as Billing	
Contact:		Contact:	
Company Name:		Company Name:	
Street Address:	Province/State:	Street Address:	Province/State:
City:	Country:	City:	Country:
Postal Code:	Fax:	Postal Code:	Fax:
E-Mail:	Phone	E-Mail:	Phone
Data Delivery:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Courier		
Service Options:	<input type="checkbox"/> REGULAR – 7 to 10 business days (Standard Pricing) <input type="checkbox"/> R1= RUSH* – 3 to 5 business days (+50% Pricing) <input type="checkbox"/> R2= RUSH* – 24 to 48 hours (+100% Pricing) *For Rush testing, preapproval is required.		
Sample Type Code:	Material Stage:	Sample Handling:	Storage Condition:
<input type="checkbox"/> Drug <input type="checkbox"/> NHP <input type="checkbox"/> Cosmetic <input type="checkbox"/> Food <input type="checkbox"/> Controlled drug <input type="checkbox"/> Other, Pls. Specify _____	<input type="checkbox"/> Raw Material <input type="checkbox"/> In-process <input type="checkbox"/> R&D <input type="checkbox"/> Stability <input type="checkbox"/> Finished Product <input type="checkbox"/> Other, Pls. Specify _____	<input type="checkbox"/> Normal <input type="checkbox"/> Light Sensitive <input type="checkbox"/> Hazardous <input type="checkbox"/> Other, Pls. Specify _____	<input type="checkbox"/> Room Temperature <input type="checkbox"/> Fridge (2-8°C) <input type="checkbox"/> Freezer <input type="checkbox"/> Other, Pls. Specify _____

Sample Information:

Sample Name:	Lot #:	Quantity:
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(Mention the required tests below *OR* attach the Specification Sheet and highlight the required tests)

Specification Sheet Attached

	Test	Method †	Specification
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

† For drug products methods are required to be validated/verified. Validated methods need to be transferred and their suitability verified at contract test labs. Please advise if this service is required.

Client's Sample Testing Authorization:	Name:	Signature:
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Sample Shipment: CAL accepts samples by mail or courier to: 1060 Tapscott Road, Toronto, Ontario, Canada, M1X 1E7. Sample deliveries are accepted Monday through Friday (except holidays), from 9:00 am to 5:00 pm. All received samples will be processed the following business day. Please refer to our [Terms and Conditions](#) available on [www.cal-laboratories.com](#).

For office use only:
CAL AR#:

Please fill this Form **for each sample OR Same Group of Samples** and attach the other samples information separately.