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SAMPLE TEST MODIFICATION/CANCELLATION FORM

CAL AR# Please refer to your automated email notification for your AR#.

Client Information

| | |
|-----------|--------------|
| Full Name | Company Name |
| Email | Phone |

Reporting Information (Current clients: Please complete if information has changed)

| | |
|--------------|--------------|
| Full Name | Full Name |
| Company Name | Company Name |
| Address | |
| City | Prov/State |
| Postal Code | Country |
| Email | Email |
| Phone | Fax |

Service Options *Check if there are no changes to both options*

| | |
|----------------|---------------|
| Service Option | Data Delivery |
|----------------|---------------|

*Pre-approval required for Rush Orders

Sample Modification/Cancellation Information *Check if there are no modifications or cancellations*

| | | |
|--------------|--------------|-------------------|
| Modification | Cancellation | Reason for Change |
|--------------|--------------|-------------------|

| | | |
|-------------|------------|----------|
| Sample Name | Lot Number | Quantity |
|-------------|------------|----------|

Required tests listed below Specification sheet attached with required tests highlighted Check if there is no change to this section

| # | Test | Method ¹ | Specification |
|----|------|---------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

¹ 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.

| | | |
|--|------------------|------|
| Sample Testing Modification/ Cancellation Authorization | Client Signature | Date |
| CAL QA Verified and Authorized | CAL QA Signature | Date |

**Please complete this form for each sample OR same group of samples.
 Attach additional samples information separately.**