SAMPLE TEST MODIFICATION/CANCELLATION FORM

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



Full Name

Email

6733 Kitimat Road, Misssissauga, Ontario, Canada L5N 1W3

Laboratories Phone: (416) 286-3332 | Fax: (416) 286-3885

Client Information (For new clients, please include Reporting and Billing Account Information)

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

Email: info@cal-laboratories.com | www.cal-laboratories.com

Company Name

Phone

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

Ext

Full Name				Full Name			
Company Name				Company Name			
Address				Address			
City		Prov/State		City		Prov/State	
Postal Code		Country		Postal Code		Country	
Email				Email			
Phone Ext Fax		Fax		Phone Ext		Fax	
Serv	ice Options Check if i	there are no chan	iges to <u>both</u> options				
Service	Option			Data Delivery			
*Pre-app	proval required for Rush Orders						
Sam	ple Modification/Cance	llation Info	rmation Chec	k if there are no modification	ns or cancella	ations	
Мос	dification		Cancellation		Reason for Ch	ange	
Sample Name				Lot Number		Quantity	
Re	equired tests listed below	Specification sheet	attached with required tests	highlighted Check if	there is no char	ge to this section	
#	Test		N	lethod [/]		Specification	
1	Test		N	lethod [/]		Specification	
	Test		N	lethod [/]		Specification	
	Test		N	lethod [/]		Specification	
2	Test		N	lethod [/]		Specification	
1	Test		N	lethod [/]		Specification	
2	Test		N	lethod [/]		Specification	
2	Test		N N	lethod '		Specification	
1 2 3 4 5 1 Force	Test drug products, methods are requerred and their suitability verifie	uired to be valid d at contract tes	ated/verified. Validate	d methods need to be		Specification ere additional tests on page 2? (Required field)	
1 2 3 4 5 1 For ce transfer	drug products, methods are requ	uired to be valid d at contract tes Client Signature	ated/verified. Validate	d methods need to be		ere additional tests	
1 2 3 4 5 5 Transfer Samp Cancer CALL	drug products, methods are requ erred and their suitability verifie le Testing Modification/	d at contract tes	ated/verified. Validate	d methods need to be	listed	ere additional tests	

SAMPLE TEST MODIFICATION/CANCELLATION FORM

Page 2 of 2



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Email: info@cal-laboratories.com www.cal-laboratories.com www.cal-labor		AL AR# Please refer to your automated email notification for your AR#.
Client Information		
Full Name	Company Name	
Email	Phone	

Sample Information (Continued from Page 1 for each sample OR same group of samples. Attach additional samples information separately.)							
Required tests listed below Specification sheet attached with required tests highlighted							
#	Test	Method ¹	Specification				
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
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.

IMPORTANT: Page 2 of the Sample Test Modification/Cancellation Form requires a Client Sample Testing Modification/Cancellation Authorization, and Verification and Authorization from the CAL Laboratory Coordinator on page 1.

