



6733 Kitimat Road, Mississauga, Ontario, Canada L5N 1W3
 Phone: (416) 286-3332 | Fax: (416) 286-3885
 Email: info@cal-laboratories.com | www.cal-laboratories.com

SAMPLE SUBMISSION FORM

Client Purchase Order #

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

Full Name	Company Name	
Email	Phone	Ext

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

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

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

Service Options *(*Pre-Approval required for Rush Orders)*

Service Option	Data Delivery
Country Product Will Be Sold In:	Canada USA Other <i>(Please Specify)</i>

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

Sample Type/Code	Material Stage	Sample Handling	Storage Condition
Sample Name	Lot Number	Sample Quantity	
		Required tests listed below	Specification sheet attached with required tests highlighted

#	Test	Method ¹	Specification
1			
2			
3			
4			
5			

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.

Are there additional tests listed on page 2? *(Required field)*

Sample Testing Authorization	Client Signature	Date
CAL Laboratory Coordinator Verified and Authorized	Laboratory Coordinator Signature	Date

Sample Shipment: Samples are accepted by mail or courier to: 6733 Kitimat Road, Mississauga, Ontario, Canada L5N 1W3

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.

CAL AR#
For office use only



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Client Purchase Order #

Client Information

Client Purchase Order #

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.)*

#	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 Submission Form requires a Client Sample Testing Authorization, and Verification and Authorization from the CAL Laboratory Coordinator on page 1.

<p>Sample Shipment: Samples are accepted by mail or courier to: 6733 Kitimat Road, Mississauga, Ontario, Canada L5N 1W3</p>	<p>Sample deliveries are accepted Monday through Friday (<i>except holidays</i>), 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.</p>	<p>CAL AR#</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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