



6733 Kitimat Road, Mississauga, Ontario, Canada L5N 1W3  
 Phone: (416) 286-3332 | Fax: (416) 286-3885  
 Email: [info@cal-laboratories.com](mailto:info@cal-laboratories.com) | [www.cal-laboratories.com](http://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			Sample Quantity Lot Number
Specification sheet attached with required tests highlighted Required tests listed below			

#	Test	Method <sup>1</sup>	Specification
1			
2			
3			
4			
5			

<sup>1</sup> 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)*

<b>Sample Testing Authorization</b>	Client Signature	Date
<b>CAL Laboratory Coordinator Verified and Authorized</b>	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 the Sample Submission Instructions, and Terms and Conditions by visiting <https://cal-laboratories.com/sample-submissions/>.

**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 <sup>1</sup>	Specification
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

<sup>1</sup> 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.**

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