



## SAMPLE SUBMISSION FORM

Sample submission form # CRL-F-005-03, Date: 3/20/18

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SEND SAMPLE SUBMISSION FORM AND SAMPLES TO  
 Chroma Research Labs, Inc., 25 Health Sciences Drive, Suite 106, Stony Brook, NY 11790

SUBMITTER			BILL TO		
Contact			Contact		
Company			Company		
Address			Address		
City	State	ZIP	City	State	ZIP
Country			Country		
Phone		Fax	Phone		Fax
Email			Email		
Date Shipped			<b>PO NUMBER:</b>		
Method Validation/Verification/Transfer is <input type="checkbox"/> required <input type="checkbox"/> not required for the tests requested					

*Please send us sample through UPS or FedEx. We don't accept drop off samples.*

*Sample Disposition: Samples will be destroyed no less than 30 days after completion of the the analysis unless notified*

**Special instructions (If any)**

	SAMPLE DESCRIPTION (Include Product Name, Label Claim, Stability time point, etc)	LOT NUMBER	ANALYSIS REQUESTED	REMARKS
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>ADDITIONAL SAMPLES, USE NEXT PAGE</b>				

*Invoice will be sent upon completion of the project and is to be paid according to terms stated on the invoice.*

**For internal use only**

Date sample received \_\_\_\_\_ Received by \_\_\_\_\_



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***Additional sample listing***

	<b>SAMPLE DESCRIPTION</b> (Include Product Name, Label Claim, Stability time point, etc)	<b>LOT NUMBER</b>	<b>ANALYSIS REQUESTED</b>	<b>REMARKS</b>
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Chroma Research Labs, Inc.

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