|  |  |  |  |
| --- | --- | --- | --- |
| Contact information Sender | | | |
| Company name    Contact person |  | Email address |  |
| Sender name |  | Phone number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample information | |  |  | |
| Article name |  | Batch number |  | |
| Sample Type | Excipient  Drug substance  Drug product  Medical device  Other: | Safety considerations / restricted compound  *(provide MSDS at first shipment to SHU)* | Antibiotic  Cytotoxic  Opioid  Precursor  Other: | |
| Priority | Normal  *(≤ 10 days when supplies are available)* | Priority *Only on advance notice, confirmation by SHU required.* | | |
|  |  |  | | |
| Storage conditions | Frozen (≤ -20 °C)  Cooled (2 – 8 °C)  Ambient (15 – 25 °C)  Protected from light  Other: | Sample size and/or container number        g - mL        pieces | | |
| Temperature logger enclosed:  Yes  No | | If yes, return address: |
| Project Type | Routine  Development  Verification / validation  Stability  Other: | Technical attachments and references | None  Reference standards  Certificate of Analysis  Analytical / pooling instructions  Other: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Commercial information | |  | |
| Purchase order number | N/A | Quote number | N/A |

|  |  |
| --- | --- |
| **Sample and test information** | |
| **Method of analysis:**  EP  USP  BP  Other: | |
| **Tests:** | **Specify sample container number (individual/pool):** |
| Full analysis | # |
| Identification | # |