

Request for the Analysis.

SRN: _____

(To be completed by Test Material Receipt)

	Primary Contact details: In case of queries regarding analysis.	C of A postal details: Score out if details are as per 1st column.	Invoice Address: If this is the same the 1st / 2nd column, then score out & indicate in appropriate column.
Contact			
Company			
Address			
Tel			
Fax			
E-Mail			
Invoice Address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your PO number	Tepnel Contract and Version Number:		

Test Article (TA) name. As you require it to be printed on the C of A (one TA per form).	
Batch Number. As you require it to be printed on the C of A.	
To accept the sample, identification information on this form must exactly match identification information on the TA container. If neither the name or batch number above matches the designation on the TA container, then the container designation must be entered.	Container designation. _____ Not applicable <input type="checkbox"/>

Hazards (Cytotoxic, Corrosive, etc). A Material Safety Data Sheet must accompany each submission.	Storage conditions on receipt at Tepnel.	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated (2oC – 8oC) <input type="checkbox"/> Frozen (-20oC) <input type="checkbox"/> Frozen (-80oC)
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Request for Analysis Table

Test description	Method reference	Release specification	No. of articles assigned for each test
		Number of spare TA containers submitted	
		Total no. of TA containers submitted	

- Notes.**
1. Completing this column is mandatory.
 2. Test articles cannot be booked-in if the number in this column does not match the number of articles actually submitted.

Is this an additional sample you are sending to augment a sample you sent us previously?	Additional sample? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you pre-reserved a testing date for this TA? If so, it is imperative that you circle 'Yes', and include the Reserved Testing form which your Tepnel Project Manager has sent you, if necessary.	Pre Assigned Test Date? Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments or special instructions

tepnelpharmaservices.com | enquiries@tepnel.co.uk

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