

SAMPLE SUBMISSION FORM



**Synergy
Analytical
Labs**

Your Analytical Ally.

Client Purchase order #

CLIENT INFORMATION

Full Name:	Email:
Company Name:	Phone:

Reporting Information: (first time or if information has changed).

Full Name:	
Company Name	
Address:	
City	Prov/state
Postal code	Country
Email	Fax:
Phone: ext.	Mobile:

Billing Information: (first time or if information has changed)

Full Name:	
Company Name	
Address:	
City	Prov/state
Postal code	Country
Email	Fax:
Phone: ext.	Mobile:

Sample Information (complete form for each sample or group of samples. Attached additional sample information separately)

<i>Sample type:</i>	<i>Material Stage:</i>	<i>Sample handling</i>	<i>Storage Condition</i>
<i>Sample Name:</i>		<i>Lot No#</i>	<i>Sample Quantity</i>

No#	Test	Method	Specification
1			
2			
3			
4			
5			
6			

**For drug products, methods are required to be validated/verified. Or validated methods need to be transferred and their stability verified at contract test labs. Facilitate upon request.*

Page No # 01

**Unit 13, 215 Traders Blvd E, Mississauga, ON
L4Z 3K5**

<http://www.synergyanalyticallabs.com>

For Queries
Contact: info@synergyanalyticallabs.com
+1(647) 936 1857

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CLIENT INFORMATION

Full Name:	Email:
Company Name:	Phone:

No#	Test	Method	Specification
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Authorizations:

Sample Testing Authorization	<i>Client Signature</i>	<i>Date:</i>
Synergy Authorized	<i>Synergy Signature</i>	<i>Date</i>

**For drug products, methods are required to be validated/verified. Or validated methods need to be transferred and their stability verified at contract test labs. Facilitate upon request.*

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