

Sample Submission Form

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Reporting Information		Send Invoice To: <input type="checkbox"/> Same as Reporting Info <input type="checkbox"/> Address Below	
Attn:		Attn:	
Company:		Company:	
Address:		Address:	
Address:		Address:	
City/ST/Zip:		City/ST/Zip:	
Phone:	Fax:	E-mail:	
Send Preliminary Results Via <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Web			

SAMPLE INFORMATION

(ENTER ALL SAMPLE INFORMATION AS LABELED ON CONTAINER)

Sample Name	Quantity / Container of Use	Concentration	Lot #	Test(s) Requested							Storage				Time
				Potency	BUD	Sterility USP 71	Rapid Scan RDI®	Endotoxin	pH	ID	Room Temp	Refrigerated	Frozen	Light Sensitive	RUSH @ Additional \$100
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actives to be Analyzed / Concentration of Each: 1) _____ 2) _____ 3) _____ 4) _____				Form of Sample (i.e., Cream, Liquid, Capsule, etc.)											
				FOR ENDOTOXIN: List administration route and maximum patient dosage (i.e., IT, IV, IM, volume/hr)											
				Please Submit a Formula Worksheet or Ingredient List with Sample **Please Send Two (2) Separate Sample Containers If Requesting Potency and Microbiology Analysis on the Same Sample**											
Indicate Testing Schedule for BUD / Additional Instructions / Comments:															

Online Results may be viewed at <http://reports.eagleanalytical.com>

****Rush Available for Potency, Endotoxin, and BUD Day 0 at Additional \$100****

<i>For Internal Use Only</i>	
Sample ID# _____	Rec'd by / Date: _____