

CONTRACT TEST SERVICE

Sample Submission Form - Test Order

COMPANY NAME: _____
 CONTACT NAME: _____
 NUMBER OF SAMPLES IN SHIPMENT: _____
 Customer ID Number: _____

ACC Use Only

Internal Control Number: _____ - _____

Received by ACC: _____

Received by CTS Lab: _____

By submitting this Sample Submission Form (SSF) and sample(s) to the Associates of Cape Cod, Inc. (ACC) Contract Test Service (CTS) Department, you are authorizing (ordering the testing of) the analysis of your sample(s) as indicated on the SSF and according to ACC Standard Operating Procedures.

Sample Identification *	Lot Number	Concentration (List Units)	Endotoxin Limit (Unit of Measure)	Report Results in EU per g, mg, mL, or device. (Check box)	Storage Temp. **
				<input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mL <input type="checkbox"/> device	
				<input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mL <input type="checkbox"/> device	
				<input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mL <input type="checkbox"/> device	
				<input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mL <input type="checkbox"/> device	
				<input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mL <input type="checkbox"/> device	
				<input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> mL <input type="checkbox"/> device	

* If additional space is required, use multiple forms.
 ** If no storage temperature is indicated, the samples will be stored refrigerated.

Study Initiated

Initial/Date

TYPE OF SAMPLE

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Biological | <input type="checkbox"/> Oligonucleotide | <input type="checkbox"/> Water | <input type="checkbox"/> Nanoparticles (Nanotubes and Nanofibers) |
| <input type="checkbox"/> Lipid | <input type="checkbox"/> Medical Device | <input type="checkbox"/> Tissue | <input type="checkbox"/> Serum: <input type="checkbox"/> Human <input type="checkbox"/> Animal (State type): _____ |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Enzyme | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Intrathecal | <input type="checkbox"/> Liposome | <input type="checkbox"/> Controlled Substance* | |
| <input type="checkbox"/> Parenteral | <input type="checkbox"/> Polymer | *Note: Request DEA Form 222 and provide current copy of DEA License to CTS. | |

TEST TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Product Characterization (Preliminary Screening) | <input type="checkbox"/> Inhibition/Enhancement (Validation) | <input type="checkbox"/> Release (Limit) – Finished Product |
| <input type="checkbox"/> Method Development | | <input type="checkbox"/> Release (Limit) – Components/ Raw Materials |
- For Product Release, list IC Number(s) of Validation(s) (if known) and ensure Sample ID matches:

TEST ASSAY – SELECT ASSAY TYPE

- | | | | |
|--|--|--|---|
| <p>Gel-clot</p> <input type="checkbox"/> Gel-clot Assay
<input type="checkbox"/> Endotoxin Specific* Gel
<small>*Uses Glucashield®, a Glucan inhibiting buffer.</small> | <p>Turbidimetric</p> <input type="checkbox"/> Kinetic Assay
<input type="checkbox"/> Endotoxin-Specific* Turb. | <p>Chromogenic</p> <input type="checkbox"/> Pyrochrome®
<input type="checkbox"/> Kinetic Assay (LOQ=0.005 EU/mL)
<input type="checkbox"/> Endotoxin Specific* (LOQ=0.001 EU/mL) | <p>Chromogenic</p> <input type="checkbox"/> Chromo-LAL Kinetic Assay
<input type="checkbox"/> GlucateLL® Kinetic Assay (Glucan Specific, Research Use Only) |
|--|--|--|---|

INSTRUCTIONS

- ⇒ When sending multiple samples from one lot, indicate the following: Test Samples Individually Test Samples Pooled
- ⇒ Recommended method for reconstitution or extraction: _____
- ⇒ Special Instructions: _____
- ⇒ Client Specific Protocol and/or SOP (List Document Information): _____
- ⇒ Include Additional References to the Report (Check all Applicable Boxes): EP JP AAMI ST72 Other: _____
- ⇒ Handling precautions: _____
- ⇒ Recommended method of sample disposal: _____
- ⇒ **Send SDS for sample (or letter stating handling precautions). If not included, no testing will be performed until received.**
- ⇒ Expedited Services: **RUSH** test service – 48 hour study initiation Yes | **STAT** test service – 24 hour study initiation Yes
- ⇒ Preliminary Peer Reviewed (not QA Reviewed) Results: Yes

Comments:

CONTRACT TEST SERVICE

Sample Submission Form - Test Order Form

BILLING INFORMATION (Invoice Delivery Address)	
Company Name:	_____
Attention:	_____
Address:	_____ _____ _____
Phone:	_____ Fax: _____
E-mail Invoice to:	_____
Quote Number:	_____
Please Check Method of Payment:	
<input type="checkbox"/> Purchase Order Number: _____	
Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Number:	_____
Security Code:	_____
Expiration Date:	_____
Name on Card:	_____
Signature:	_____

REPORTING INFORMATION (Report Delivery Address)	
Company Name:	_____
Attention:	_____
Address:	_____ _____ _____
Phone:	_____
Reports:	
An original report will be sent by mail to the above address. A PDF copy will be e-mailed. (If no choice is made, the Report Only will be sent via e-mail, by default.)	
E-mail:	_____ _____
E-mail (PDF – non encrypted):	
<input type="checkbox"/> Report Only	
<input type="checkbox"/> Report and Raw Data	

SHIPPING INFORMATION
*Samples should be sent to the following address:
Contract Test Service
Associates of Cape Cod, Inc.
124 Bernard E. Saint Jean Drive
East Falmouth, MA 02536

CONTACT INFORMATION
Contract Test Service
Phone: 508-540-3444 or 888-232-5889
Fax: 508-540-2019
Website: www.acciusa.com/cts
Email: testservice@acciusa.com

*Details for shipping samples can be found in the CTS Pricelist or on our website: www.acciusa.com/cts

INTERNAL USE ONLY	INTERNAL CONTROL NUMBER: _____
Sample/package condition upon receipt:	
Physical Condition: <input type="checkbox"/> Good <input type="checkbox"/> Damaged	Technician Initials: _____ Date: _____
Arrival Temperature: <input type="checkbox"/> RT <input type="checkbox"/> Cold <input type="checkbox"/> Frozen	Storage Temperature: <input type="checkbox"/> RT <input type="checkbox"/> 2°-8° <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
Number of Samples Received: Agreement with number shipped: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sample Status: <input type="checkbox"/> Acceptable; no action required.	<input type="checkbox"/> Requires Customer Notification.
Reason for Notification: <input type="checkbox"/> Sample Leaking <input type="checkbox"/> Sample missing <input type="checkbox"/> Inappropriate arrival temperature <input type="checkbox"/> Lot Number Discrepancy <input type="checkbox"/> Sample ID Discrepancy <input type="checkbox"/> Missing Sample Submission Form	
<input type="checkbox"/> Other* - Explanation _____	
Name of Customer Contact: _____	Date: _____ Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
Comments/Resolution: _____	
Action Required: _____	
<i>If additional space is required, attach a separate sheet.</i>	
CTS Staff Name _____	Date _____
	Verified by: _____ Initial/Date

For Internal CTS Use		
Page _____	of _____	Total Pages _____