# Q Laboratories

## Sample Submission Form for Regulated Products

[Pharmaceutical (New Drug/Generic/API), Finished Product OTC (Antimicrobial, Sunscreen, Actives), Raw materials/components (Drugs), Dietary Supplements, Water/environmental samples (Drug or OTC product components)]

1930 Radcliff Dr. Cincinnati, OH 45204
• Phone: (513) 471-1300
• Fax: (513) 471-5600
• www.QLABORATORIES.com
• Email: office@qlaboratories.com

| Customer Information | Date Submitted: |
|---|---|
| Company Name: | Billing Contact (if different): |
| Report Results To: | Billing Email: |
| Street Address: | Street Address: |
| City, State, Zip: | City, State, Zip: |
| Phone #: | Phone #: |
| Please check option(s) for receiving results (electronic documents will be in Adobe Acrobat (PDF) format). | Purchase Order # (if applicable): |
| Fax to: | |
| Email to: | * Conduct of regulated study? ☐ GLP ☐ GMP ☐ Other _____ |
| Q Labs Proposal # (if applicable): | Is this product filed for NDA or ANDA (or IND)? ☐ Yes ☐ No |
| Turnaround time requested: ☐ Routine ☐ Rush | Is this a Research and Development project? ☐ Yes ☐ No |

| Sample # | Sample ID | Active | Test Name | Method (if client method, include version) | Has the method been validated? Yes or No | Specifications |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |

| Special Instructions: | Authorizing Signature | |
|---|---|---|

**Completed and signed sample submission form indicates agreement with Q Laboratories terms and conditions and authorizes Q Laboratories to perform the requested tests. After testing is complete, samples will be placed into appropriate storage (e.g., refrigerator, freezer, dry storage) and held for a minimum of 30 days before discarded, unless otherwise dictated by the client.**

**Return sample(s) to client?** ☐ **Yes** ☐ **No**

* A minimum charge of $295.00 may be assessed to conduct an Out of Specification/Microbiological Deviation investigation for each non-Research and Development product that does not meet specification.



Submit Form

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| Sample # | Sample ID | Active | Test Name | Method (if client method, include version) | Has the method been validated? Yes or No | Specifications |
|---|---|---|---|---|---|---|
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
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| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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