

Accugen Laboratories, INC.

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Ordered By								Sa	mp	le Subn	nittal Form
Sponsor:*					S	ponsor P.O. Nui	nber	Bioha	azard <sup>*</sup>	Accugen Q	uote # (if applicable)
Address*											
Contact:*					Disp	oosition *		Shippi	ng Ac	count #:	
Email:*					S	torage Instruction	on <sup>*</sup>	GLP (1)	GM	P Safet	y Data Sheet
Phone #:*						GMF	repo	t that will be	in supp	ort of regulatory ma	anufacturing requirements
Fax #:						Rush Order (1) e:(1) additional charge w		Paymen		at.	anufacturing requirements of a regulatory submission
Product Name *	Sampl	e Description / Fo	ormula *	Lot#	1	est Ordered *	Acc	ceptance	Crite	ria * (If you have	ity/Reference # * e an existing suitability/ on - please enter the erence # below)
Additional Notes / Instructions:	•						•				
By an authorized agent submit accugenlabs.com under Terms			pal entity a	agrees to adhere to <i>i</i>	Accu	gen Laboratories, I	nc. te	rms & con	ditions	, which may be	reviewed fully at
Authorized By: <sup>*</sup>						Signature *.				Date:	*
For Lab Use Only		Initial	Sa	mple Condition		Date		Order#	5		heet Reviewd By
Sample received by:										Initial	Date
Sample inspected and load	Pq pv.						1		1		



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Product Name *	Sample Description / Formula *	Lot#	Test Ordered *	Acceptance Criteria *	Suitability/Reference # * (If you have an existing suitability/ validation - please enter the reference # below)	
Additional Notes / Instructions:	,		,			
By an authorized agent submit	ting this document, the principal entity	agrees to adhere to	Accugen Laboratories,	Inc. terms & conditions, whi	ch may be reviewed fully at	

accugenlabs.com under Terms & Conditions.

Authorized By: <sup>*</sup>	Signature *:	Date:*
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For Lab Use Only	Initial	Sample Condition	Date	Order #	Safety Data Sheet Reviewd By		
Sample received by:					Initial	Date	
Sample inspected and logged by:							