



Sample Submission Form

(One form per formulation and lot number)

840 Research Parkway, Ste 546, Oklahoma City, OK 73104

<i>Office Use Only:</i>	
Date Received:	<input type="text"/>
ARL #:	<input type="text"/>

Reporting Information*:	Client ID: <input type="text"/>		
Company:	<input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
Address:	<input type="text"/>		
City:	State: <input type="text"/>	Zip: <input type="text"/>	Email: <input type="text"/>

PO #: **Changes to client information should be submitted via our "Billing/Change of Information" Form. Sign up to view results on the web at www.arlokapps.com*

Sample Information: cGMP *Unchecked is non-cGMP. Additional charges may apply for cGMP. For cGMP services, please contact ARL for a quote and quality agreement.*

Client Formulation ID	<input type="text"/>	Lot Number	<input type="text"/>	<input type="checkbox"/> DEA Scheduled Drug	
Sample Description	<input type="text"/>			Total number of containers	<input type="text"/>
Storage Conditions:	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen		

Requested Testing:

Analytical Testing	<i>Indicate free base, salt or hydrated form</i>	<i>Account for any overfill in bags or include overfill test</i>
<input type="checkbox"/> Potency	Analyte <input type="text"/>	Concentration <input type="text"/>
<input type="checkbox"/> Normal <input type="checkbox"/> Rush	Analyte <input type="text"/>	Concentration <input type="text"/>
<input type="checkbox"/> Appearance	Analyte <input type="text"/>	Concentration <input type="text"/>
<input type="checkbox"/> pH	Analyte <input type="text"/>	Concentration <input type="text"/>
<input type="checkbox"/> Overfill		
Comments, Instructions or Other Testing:	<input type="text"/>	

List additional analytes in comment section

Microbiological Testing

<input type="checkbox"/> Sterility by MBI-144
<input type="checkbox"/> Sterility by USP <71> (**Client formulation ID and Method suitability (or Library Verification) required.)
<input type="checkbox"/> I certify that <input type="text"/> articles of the finished product are required to satisfy USP <71> sterility testing requirements
<i>Please refer to USP <71> for the appropriate number of articles (containers) for your batch size.</i>
New formulations require method suitability. Indicate your preference below:
<input type="checkbox"/> Method Suitability Testing* <input type="checkbox"/> Library Verification (if available)
<i>*Method suitability requires 3X your normal sterility test volume and must represent your largest anticipated batch.</i>
<input type="checkbox"/> Fungal
<input type="checkbox"/> Endotoxin by MBI-145 <input type="checkbox"/> Normal <input type="checkbox"/> Rush
<input type="checkbox"/> Endotoxin USP <85> <input type="checkbox"/> Normal <input type="checkbox"/> Rush
Endotoxin Limit <input type="text"/> OR Av Wt (Kg) <input type="text"/> Max dose/hr <input type="text"/> Route <input type="checkbox"/> Parenteral <input type="checkbox"/> Intrathecal

Compendial (Quote Required)	<input type="checkbox"/> USP/NF	<input type="checkbox"/> EP/BP	<input type="checkbox"/> FCC	<input type="checkbox"/> JP	<input type="checkbox"/> Other (please supply method)
<input type="checkbox"/> Normal <input type="checkbox"/> Rush	<input type="checkbox"/> Full	<input type="text"/>			
<input type="checkbox"/> Partial	Test List:	<input type="text"/>			

Your submission of this form to ARL certifies that: (1) all information provided on this form is true and correct; (2) you have reviewed the Terms and Conditions located at <http://www.arlok.com/arl-forms>; (3) you agree to be bound by the Terms and Conditions; and (4) if you are submitting this form on behalf of a company or other entity, you have the authority to bind that company or entity to the Terms and Conditions.