



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"/> | PO #: | <input type="text"/> |
| Company: | <input type="text"/> | Phone: | <input type="text"/> |
| Address: | <input type="text"/> | Fax: | <input type="text"/> |
| City: | State: <input type="text"/> | Zip: | <input type="text"/> |
| | | Contact: | <input type="text"/> |
| | | Email: | <input type="text"/> |

*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"/> | Total containers: | <input type="text"/> |
| Sample Description | <input type="text"/> | | | | <input type="checkbox"/> DEA Scheduled Drug |
| Storage Conditions: | <input type="checkbox"/> Room Temperature | <input type="checkbox"/> Refrigerated | <input type="checkbox"/> Frozen | DEA Registration # | <input type="text"/> |

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"/> Same Day 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 | Comments, Instructions or Other Testing: | | |
| <input type="checkbox"/> Overfill | <input type="text"/> | | |
| <input type="checkbox"/> USP <800> Swab Test | | | |

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|---|
| Microbiological Testing |
| <input type="checkbox"/> Sterility by MBI-144 |
| <input type="checkbox"/> Sterility by USP <71> <input type="checkbox"/> Rapid Sterility by MBI-199 |
| Client formulation ID and Method Suitability are required for both USP <71> and Rapid Sterility. |
| <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 (USP <71> only) |
| <i>Method suitability for USP <71> requires 3X the normal sterility test volume and should represent your largest batch. Method suitability for Rapid Sterility requires 4X the normal sterility test volume.</i> |
| <input type="checkbox"/> Fungal by MBI-114 |
| <input type="checkbox"/> Endotoxin by MBI-145 <input type="checkbox"/> Normal <input type="checkbox"/> Rush <input type="checkbox"/> Same Day Rush |
| <input type="checkbox"/> Endotoxin by USP <85> <input type="checkbox"/> Normal <input type="checkbox"/> Rush <input type="checkbox"/> Same Day Rush |
| Endotoxin Limit <input type="text"/> OR Wt (Kg) <input type="text"/> Max dose/hr <input type="text"/> Route <input type="checkbox"/> Parenteral <input type="checkbox"/> Intrathecal |

Compendial Testing *ARL Bio Pharma Inc. is pleased to provide USP/NF/Ph. Eur./FCC/JP and Manufacturer Methods of Analysis testing for your raw materials. Please contact ARL for a quote.*

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/ar-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.