



GLOBAL ANALYTICAL LABORATORIES
 6 Marconi Court Bolton L7A 1H3
 Telephone# +1-905-951-1212 Fax# 905-951-2424

GAL Internal Use Only

SRN # _____
 Logged By/Date/Time _____
 Temp. when received _____
 Invoice # _____

SAMPLE SUBMISSION FORM

Purchase Order #:	Quote #:
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Customer Information	
Contact:	
Company:	
Phone:	
Email:	
Address:	
City:	State:
Zip:	Country:

Billing Information		Same as Customer <input type="checkbox"/>
Contact:		
Company:		
Phone:		
Email:		
Address:		
City:	State:	
Zip:	Country:	

Sample Information	
<i>Please use exact wording to be included on final report.</i>	
Sample Description:	
Lot Number:	Testing priority: Choose an item.
Sample Type: Choose an item.	Sample Storage: Choose an item.
Material Stage: Choose an item.	Sample Handling: Choose an item.
Product to be Sold in: Choose an item.	Stability Conditions: Choose an item.
Additional Information:	

- **REGULATORY REQUIREMENTS:** Method Validations/Verifications/Transfers, and any Suitability Tests MUST have been performed for drug products prior to any analysis. Please advise if you require this service.
- Sample deliveries are accepted Monday through Friday (except holidays), from 9:00 am to 5:00 pm. All received samples will be processed the following business day. Please refer to our Terms and Conditions available on www.galabs.com. Sample deliveries are accepted through regular business hours (Monday – Friday, 9:00 am to 5:00 pm).
- Samples are accepted by mail or courier to 6 Marconi Bolton L7A 1H3

Client agrees to Global Analytical Laboratories' Terms and Conditions.
 6 Marconi Court, Bolton L7E 1H3

Test Information

S No	Test Requested (Name of Test)	Method to be Followed. (USP, Customer Protocol, etc.)	Acceptance Criteria (Specifications)

Customer Signature:	Date:
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Client agrees to Global Analytical Laboratories' Terms and Conditions.

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