

## Element Concord Sample Submission Form

Quote Reference Number:

Purchase Order Number:

### Customer Contact Information

Company Name:

Street Address:

City/State:

Zip Code:

Contact Person:

Phone/Ext.:

Email:

SALES INFORMATION Turn Around Time Requested: Standard [Rush](#)

Sample Description: (i.e. purified water, WFI, product):

Sample Name (As will appear in result report)		Sample Lot Number	Number of Containers	Test(s) Requested	Acceptance Criteria (or Report Value)	Sample # (Element Use Only)
1		N/A				
2		N/A				
3		N/A				
4		N/A				
5		N/A				
6		N/A				

Is this a controlled substance? Yes No Schedule: N/A

FOR STERILITY ONLY: N/A Batch Size: Volume Per Container: Sample Classifications:

SAMPLE HAZARDS: N/A Not Hazardous Reactive Biohazard Toxic Other:

### SAMPLE STORAGE REQUIREMENTS

Room Temp Refrigerator (2-8°C) Freezer (-20±10°C) Ultracold (-70±10°C) N/A

SPECIAL INSTRUCTIONS/COMMENTS: N/A

Sample Submissions and Testing Authorized by:\*

Date:

### Element Concord Use Only

Sample Pick-Up N/A

Transport Condition: Room Temperature Cold Dry Ice

Sample Pick-Up By/Date/Time: Sample Arrival By/Date/Time:

Sample Integrity Uncompromised Compromised If Compromised Explain:

Sample Transport Temperature N/A

Log Tag ID No.: Within Range Out of Range, Explain

Lab Received By/Date: Tested/Incubated By/Date: Sample Retain: Location & By/Date:

Comments:  
N/A

\*By signing, you are authorizing ALG to perform the requested tests and agree to Element's terms and conditions.