

Toronto Life Sciences

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Analytical Request Form

TOR-FORM-0152, Rev:000

Apply Job Number Label

Send Report To				Condition To			
Send Report To Contact:			AI	Send Invoice To AP Contact:			
Company:							
				Project/quote:			
Email:				Purchase order:			
Phone:							
Email: Please note that scheduling of analytical services will not begin until receipt and/or clarification of all required information							
Turnaround Time (business days):		Analysis Type - Regulatory Requirements		Samples Information			
☐ Normal 10 days (routine analyses)		□ GMP		☐ Controlled	substance		
☐ Rush 5 days		☐ Release testing:			☐ Controlled substance, Schedule:		
☐ Rush 3 da	Rush fees	□ USA - □ Canada - □ Other			☐ Hazardous		
☐ Rush 1 da	' Will anniv	☐ Stability testing for marketed products			Type:		
□ Other	-, J	☐ Stability testing for submission			☐ Light Sensitive		
Storage		☐ Method validation, verification or transfer			☐ Hygroscopic		
☐ Ambient/F	Room Temperature	□ R&D			*Note: SDS Must be included		
□ 20 to 25 °C		☐ Development/Feasibility/Investigative			Reporting Options		
☐ 2 to 8°C		☐ R&D Testing/Stability		☐ CofA/Report			
□ -15 to -25 °	C	☐ ISO 17025		☐ Raw data (charges will apply)			
□ -70 to -90 °C		□ Other:		□ Lab book record(s)□ Instrument printouts			
□ -7010-90	-				Inotru		
□ -7010 -90		•				·	
-7010-90	Sample Identificat	ion and Tes		tion (Attach separately if s	pace is not sufficie	nt)	
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