

Send To: Millstone Medical Testing - CT, LLC  
 35 Griffin Rd S.  
 Bloomfield, CT. 06002

Purchase Order #: \_\_\_\_\_

**Sample Information**

<b>Sample Part Number</b>		<b>Sample Lot Number</b>	
<b>Sample Description</b> <i>(use exact wording desired on final report; attach extra sheets if necessary)</i>			
<b>GLP Study per FDA Title 21 CFR Part 58 Required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Shipping Conditions</b>	<input type="checkbox"/> Ambient <input type="checkbox"/> On Ice <input type="checkbox"/> On Dry Ice		
<b>Storage Conditions</b>	<input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerated 2°C to 8°C <input type="checkbox"/> Freezer -10°C to 25°C <input type="checkbox"/> Freezer -70°C <input type="checkbox"/> Other: _____		
<b>Sample Disposition</b>	<input type="checkbox"/> Discard <input type="checkbox"/> Return: Return Address: _____  Carrier Method: _____ Carrier Acct#: _____  Declared Value to be placed on the return shipment: _____ <input type="checkbox"/> N/A  Shipping Conditions for Return: <input type="checkbox"/> Ambient <input type="checkbox"/> On Ice		

**Test Information**

Test Code	Quantity	Test Description/Special Instructions

**Outside Processing Services Required?**  Yes     No    If marked yes, complete section below.

<b>Sterilization</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <b>Sterilizer</b> <input type="checkbox"/> Sterigenics (Charlotte, NC) <input type="checkbox"/> Steris (Libertyville, IL) <input type="checkbox"/> Other: _____ <b>Dose Specification Range</b> <input type="checkbox"/> _____ to _____    OR <input type="checkbox"/> Follow established range on Millstone customer test specification
<b>Outside Testing Services Required to be coordinated by Millstone?</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes Test Requested: _____  To be Performed By: _____ (Name and Location (City or State))

<b>Sample Part Number</b>		<b>Sample Lot Number</b>	
---------------------------	--	--------------------------	--

**Comments/Additional Instructions** (not included on final report):

**Report Issuance and Invoicing:**

Final Report To (to be sent via email)		Invoice to ( <input type="checkbox"/> same as Final Report)	
<b>Company Name</b>		<b>Company Name</b>	
<b>Address</b>		<b>Address</b>	
<b>City, State, Zip Code</b>		<b>City, State, Zip Code</b>	
<b>Attention To: (Name &amp; Email Address)</b>		<b>Attention To: (Name &amp; Email Address)</b>	

**Test Request Form – Client Approval:**

Name	Signature	Date

**For Internal Millstone Use Only:**

<b>Test Request Form &amp; Product Review</b>	<input type="checkbox"/> Product, Lot Quantity matches, Test Request Form is complete with no questions or discrepancies, product arrived in good condition.		
	<input type="checkbox"/> Discrepancies, Questions, Potential Product Non-Conformity		
	Describe Condition: _____		
	Contact Client (attached communication): Initial: _____ Date: _____		
	Resolution: _____		
<b>Completed By (Sign/Date)</b>		<b>Verified By (Sign/Date)</b>	

<b>Post-Test Sample Disposition</b>	<input type="checkbox"/> Discarded on (date) _____ <input type="checkbox"/> Returned (Record Tracking No.) _____		
<b>Completed By (Sign/Date)</b>			