

Quote #:	<input type="checkbox"/> N/A	P.O. #	
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Send Report to: (Company name, address, attention)	Invoice To: (if different)

Sample Description: (Use exact wording desired on final report)

Part Numbers:		Lot Numbers:	
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Perform the following tests:

Test Code	Test Type / Description	# of Tests	# Samples

Samples are:	<input type="checkbox"/> Sterile <input type="checkbox"/> Non-Sterile	Sterilized By:	<input type="checkbox"/> EO	<input type="checkbox"/> Radiation	<input type="checkbox"/> N/A	GLP Study per FDA Title 21 CFR Part 58 Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Sample Turnaround	<input type="checkbox"/> Normal	<input type="checkbox"/> EXPEDITED (Additional Charges Apply)	Outside Testing Required?	<input type="checkbox"/> No	<input type="checkbox"/> YES Outside Testing to be coordinated by MMT-CT, document below.
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Shipping Conditions: <input type="checkbox"/> Ambient <input type="checkbox"/> On Ice <input type="checkbox"/> On Dry Ice	Outside Processing:	Dose Range: ____ to ____ <input type="checkbox"/> Follow established range on MMT-CT Customer Spec. Carrier Method: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other Account Number: _____ UPS Required/Zip Code: _____
Storage Conditions: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated 2°C to 8°C <input type="checkbox"/> Freezer -10°C to -25°C	Sample Disposition: <input type="checkbox"/> Discard <input type="checkbox"/> Return	Return Address: _____ Carrier Method: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other Carrier Acct: _____ UPS Required/Zip Code: _____

Comments (Not typed on final report):

Signature	Date
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This Section for Lab Use Only	Received By / Time / Date:
Date Sent for Sterilization:	<input type="checkbox"/> N/A Received from Sterilization By / Time / Date: <input type="checkbox"/> N/A
Condition Received	<input type="checkbox"/> Received as Expected, No Discrepancies, Amendments Not Required <input type="checkbox"/> See Attached, Discrepancy/Unexpected Condition or Amendment Required
Verified Date	By
Post- Test Sample Disposition	<input type="checkbox"/> Discarded <input type="checkbox"/> Returned (Record Tracking No.) _____ Completed By (Sign/Date) _____