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Document Title

Test Request Submission

Standard

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PET (Micro-Challenge) Sample Submission Form

Company Name:

Submission Date:

Sample Description:

Sample Batch/Lot#:

Purchase Order No.:

Test Reports Provided To (Contact Name/Email):

| (Lab Use Only) | Please mark (✓) requested test | |
|----------------|----------------------------------|------------------------|
| Lab ID# | | |
| | <input type="checkbox"/> | USP <51> |
| | <input type="checkbox"/> | PCPC |
| | <input type="checkbox"/> | EP/BP |
| | <input type="checkbox"/> | ISO 11930 |
| | <input type="checkbox"/> | Include PET Validation |

Please check the box if the formula is anhydrous

Client Approval: _____

Print Name, Signature, Position

Lab Use Only

Verified By:

Date:

Shared Sample: Yes No

Sample Condition: Good Not Good – If not good, explain:

Document Information

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