

Chemistry CHAIN OF CUSTODY



Microconsult, Inc.

Phone (972) 250-2902 * Fax (972) 250-2903

www.microconsultinc.com

Microbiology & Chemistry Testing Laboratory * 3218 Commander Drive Suite 100, Carrollton, TX 75006

PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH SAMPLE. *One sample per form required.*

SAMPLE SIZE:		LOT/FORMULA No.:			
PRODUCT NAME:					
Actives and/or test	Amount/Range	Specification			
		±10%	<i>Report Result Only</i>	See Range	Other:
		±10%	<i>Report Result Only</i>	See Range	Other:
		±10%	<i>Report Result Only</i>	See Range	Other:
		±10%	<i>Report Result Only</i>	See Range	Other:
		±10%	<i>Report Result Only</i>	See Range	Other:
SPECIAL HANDLING N/A other:					
Sample Type: <input type="checkbox"/> Finished Product <input type="checkbox"/> In Process/Compounding <input type="checkbox"/> Stability- Interval: <input type="checkbox"/> Environmental <input type="checkbox"/> Validation <input type="checkbox"/> R & D <input type="checkbox"/> Raw Material (Attach C of A)					
PO/REFERENCE NO.:		SAMPLE RETURN:		Time/FEES:	
		YES	NO	STANDARD	RUSH
Microconsult Inc. is not responsible for retain samples. Samples will be discarded 90 days after sample is received. COMMENTS:				<i>Same Day*</i>	48 HR
				TYPE	72 HR
				RUSH	24 HR
				(Select one) RUSH SAMPLES MUST BE RECEIVED BEFORE 12 NOON TO BE CONSIDERED & PROCESSED FOR THAT DAY. *Same Day Rush is not available for all methods. Turn-around times for test results are subject to laboratory sample volume and ARE NOT GUARANTEED. You will be notified if delays are expected. Please see our Rush Sample Policy for more information.	

Customer Release Signature: _____ Date: _____
REQUIRED FOR TESTING TO BE INITIATED

Customer Reviewer/Witness: _____ Date: _____

COMPANY:		CONTACT:	
PHONE:	FAX:	EMAIL:	
ADDRESS:			

DO NOT write below - FOR LAB USE ONLY

Color:	State:	Chemistry Lab No:
Date Sample Received:		Analysis/Method Required:
Entered in Database By/Date:		
Reviewed By/Date:		
Reviewed By/Date:		