Chemistry CHAIN OF CUSTODY

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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 (If no box is checked, the default is Report Result Only)
		☐ *Report Result Only ☐ ±10% ☐ See Range ☐ Other:
		☐ *Report Result Only ☐ ±10% ☐ See Range ☐ Other:
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		☐ *Report Result Only ☐ ±10% ☐ See Range ☐ Other:
		☐ *Report Result Only ☐ ±10% ☐ See Range ☐ Other:

SPECIAL HANDLING: ☐ N/A ☐ *other:* **No investigation will be conducted*

Sample Type: ☐ Finished Product ☐ In Process/Compounding ☐ Stability- Interval:
☐ Environmental ☐ Validation ☐ R & D ☐ Raw Material (Attach C of A)

PO/REFERENCE NO.:	**SAMPLE RETURN:**
	☐ YES ☑ NO

Microconsult, Inc. is not responsible for retain samples.
If "YES" is not checked for "Sample Return" above, samples will be discarded 30 days after the sample is received.

COMMENTS:

Time/FEES:

☑ NON-RUSH ***RUSH TYPE*** (Select one) ☐ **Same Day* ☐ *48* HR ☑ *N/A*
☐ RUSH ☐ *24* HR ☐ *72* HR

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:*	*Analysis/Method Required:*
Date Sample Received:		
Entered in Database By/Date:		
Reviewed By/Date:		
Reviewed By/Date:		