**Sample Submission Form**

**This Form is Required for All Sample Submissions**

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| **Please send your samples to:** |
| **SGS Polymer Solutions Incorporated** **ATTN: Sample Receiving****135 Technology Drive****Christiansburg, VA 24073** |
| **A.** | **Company Information** |
| Company Name: Insert Company NameContact Name: Insert Contact NameContact e-mail**:** Insert Contact e-mailContact phone number**:** Insert Contact Phone Number | Street: StreetCity: City State: StateZip: Zip Country: Country |
| **B.** | **Project Payment Information:**(Project cannot be started without PO or Credit Card information) |
| SGS PSI Estimate Number: E. Num.To pay with CC, please call with card information. | P.O. Number: PO Number(Please attach P.O. or email to us.ind.psi@sgs.com) |
| Note: If this project is rush, contact us.ind.psi@sgs.com before sending samples. **Surcharge will apply.** |
| **C.** | **Sample Information** |
|  | 1. Yes [ ]  No [ ]  Is this product or material subject to FDA (or other regulatory body) review? If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Material Description**: Insert a brief description |
|  | 2. Yes [ ]  No [ ]  Product or material contains a drug or drug substance? **If Yes, Describe:** Insert Drug Type3. Yes [ ]  No [ ]  Is an SDS required? **(required if a liquid, powder, or contains a drug/drug substance)** **If Yes, please include with shipment of samples.**4. Yes [ ]  No [ ]  Is the product or material biohazardous? **(contains a biological substance that poses a threat to the health of living organisms)** |
| **Special Instructions:** Insert any special instructions regarding your samples |
| **D.** | **Sample Storage Conditions** | **E.** | **Sample Return or Disposal** |
| [ ] Freezer[ ] Ultra Low Freezer[ ] Desiccator[ ] Flammables Cabinet[ ] Refrigerator[ ] Room Temperature/Humidity[ ] Other: Insert storage requirement | Please indicate how samples should be handled following the completion of the project:[ ] Return using **FedEx** Account #: Insert Account# Account Zip Code: 00000 Shipping speed: Ground[ ] Return using **UPS** Account #: Insert Account# Account Zip Code: 00000 Shipping speed: Ground [ ] Dispose of samples after 14 days[ ] Dispose of samples after 30 days[ ] Other: Other |

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| **F.** | **Samples Submitted** |
| **Sample Description** | **Part Number/Lot Number/Reference** | **Quantity of Sample(Bag, piece, weight, etc.)** |
| Description | Reference | Quantity |
| Description | Reference | Quantity |
| Description | Reference | Quantity |
| Description | Reference | Quantity |
| Description | Reference | Quantity |
| Description | Reference | Quantity |
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| **FOR INTERNAL USE ONLY**(To be completed before Sample Acknowledgment)Initial, date, and circle as applicable following the receipt of samples:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this a regulated project? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is an SDS Required? Yes\* / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_Biohazard Samples? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other hazards? Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Specific Return or Disposal? Yes\*\* / No\*If SDS is required but not initially received, contact client for SDS before checking-in samples.\*\* Refer to ID 19054 Client Specific Sample Management |