



**ACCUON Labs Inc.**

**Building#2-**

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**CONTROLLED SUBSTANCE SAMPLE SUBMISSION FORM**

**SAMPLE SENDER'S INFORMATION**

Client Name & Address	Report to:
PO#	Contact Person Name:
	Phone:
	Email:

**SAMPLE INFORMATION**

S. No	Name of the Sample	Schedule #	NDC#	Batch / Lot No	Quantity	Testing Required/ Specification	Pharmacopieal / Test Method reference

Validation required: Yes No	Sample storage condition:
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Sample type: "Pharmaceutical/ Others".	Test priority: Rush (Extra charge) / Regular
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Controlled Substance certificate enclose: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Sample Condition: Commercial / Registration / Stability / Development
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Disposition of Sample: Return Samples <i>(Shipping &amp; handling charges will apply)</i> / Discard after testing <i>(As per practice all Samples will be discarded one month after testing)</i>
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Special Instructions <i>(if any)</i> :
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Hazardous : Yes No <i>(if Yes, please attach MSDS)</i>	Sender Sign & Date:
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**ACCUON Labs Inc. – Use only**

Received by Sign & Date:	Login ID:
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