



For AFC Use Only	
Received By/Date:	
Project Number:	

## Sample Submission Form

CONTACT INFORMATION	
Name:	
Company:	
Mailing Address:	
Phone:	
Email:	

PAYMENT INFORMATION	
Name:	
Phone:	
Email:	
Proposal #: <small>(if applicable)</small>	
PO# or Credit Card#:	
Name on Card:	
Billing Zip code:	
Exp. Date:	Security Code:

SAMPLE HANDLING			
GMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled Substance?	<input type="checkbox"/> N/A
Return Sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Sched. II <input type="checkbox"/> Sched. III <input type="checkbox"/> Sched. IV <input type="checkbox"/> Sched. V
Sample Turnaround <small>(Surcharges apply for rush testing)</small>	<input type="checkbox"/> Premium Rush – 3 Business Days <input type="checkbox"/> Rush – 5 Business Days <input type="checkbox"/> Standard – 10 Business Days	Drug Phase:	<input type="checkbox"/> N/A <small>(Not for Human Consumption)</small> <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Commercial

STORAGE	
Temperature:	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated (2-8 °C) <input type="checkbox"/> Frozen (-15 to -25 °C)
Light Sensitive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE INFORMATION <small>(attach separate sheet if needed, SDS required for processing samples)</small>		
Sample Name	ID/Lot	Testing requested <small>(include monograph, client or AFC method numbers if available)</small>

COMMENTS/SPECIAL INSTRUCTIONS	
Sign and Date:	

SHIPPING INFORMATION	
Mailing Address:	AMPAC Analytical ATTN: Sample Receiving 1100 Windfield Way El Dorado Hills, CA 95762
Phone:	916-245-6500
Email:	AmpacAnalytical@apfc.com