AMPAC™ ANALYTICAL

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 #: (if applicable)			
PO# or Credit Card#:			
Name on Card:			
Billing Zip code:			
Exp. Date:		Security Code:	

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

STORAGE	
Temperature:	☐Ambient ☐Refrigerated (2-8 °C) ☐Frozen (-15 to -25 °C)
Light Sensitive?	☐Yes ☐No

SAMPLE INFORMATION (attach separate sheet if needed, SDS required for processing samples)

Sample Name	ID/Lot	Testing requested (include monograph, client or AFC method numbers if available)

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