**Instructions:** Electronically complete a single form for each set or batch of samples submitted using Microsoft Word.

The form must be completed in its entirety to expedite the study initiation. **Fields identified in bold** must be completed before your order can be processed. **Fields marked with \*** may appear on your final report.

Upon completion, please print, sign and date the form at the bottom. Please include this form with your sample and ship to the NAMSA address that appears below. If you have any questions, please reach your usual contact at NAMSA or a Technical Advisor at +33 478 079 234 for France.

|  |
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| **Sponsor Information** |
| **Ship To** (this address may be reported in the final report) | **Bill To** [ ]  Same as Ship To Information |
| **Company Name** |       | **Company Name** |       |
| **Contact** |       | **Address** |       |
| **Address** |       | **City, State, Zip** |       |
| **City, State, Zip** |       | Country |       |
| Country |       | Phone (Accounts Payable) |       |
| Phone |       | **Details of the order** |
| E-mail |       | **Purchase Order Number**       |
| Mobile PhoneMandatory for electronic signature | Please select one      | **Test code** | Please select one |
| **Quantity** | Please select one |
| **Price per unit** |       |
| **Test Article Information**Definitions are available on our website: [How to Address a Sample Submission Form](https://namsa.com/app/uploads/2020/05/Lyon-How-to-address-Sample-Submission-Forms.pdf) / [Guide de remplissage de la Fiche Information Produit](https://namsa.com/app/uploads/2020/05/Lyon-Guide-de-remplissage-de-la-Fiche-Information-Produit.pdf) |
| \***Name** |       |
| \*Reference |        |
| \***Batch/Lot ID** |       |
| **Type** | Choose Type | If Other, please describe:        |
| \***Sterility** | [ ]  Sterile – Please select process [ ]  Not Sterile [ ]  Aseptically Prepared[ ]  NAMSA to Sterilize (Steam – Additional fee will apply)Please select Time/Temp If Other, please describe:        |
| Expiration date | Please enter or select date (expiration date after sterilization) |
| Shipping conditionsSponsor’s responsibility :The Sponsor needs to establish the conditions the test item is expected to be subject to during transportation (appropriate vehicle, container …). Appropriate monitoring measures or special care is required if the test item is temperature, light and/or humidity sensitive. | Temperature sensitive | [ ]  No (uncontrolled conditions) [ ]  Yes (please complete below) |
| Temperature: | Please select one | If Other, describe:       |
| Monitoring system: | Please select one | If Other, describe:       |
| Refrigerant : | Please select one | If Other, describe:       |
| Light sensitive | [ ]  No  | [ ]  Yes | Describe special care:       |
| Humidity sensitive | [ ]  No  | [ ]  Yes | Describe special care:       |
| Other:       |  | Describe special care:       |
| \***Storage Conditions at NAMSA** | Please select temperature |
| Protected from light | [ ]  No | [ ]  Yes | Describe special care:       |
| Protected from Humidity | [ ]  No | [ ]  Yes | Describe special care:       |
| Other:       |  |  | Describe special care:       |
| \***Quantity Submitted** |        |
| Special Instructions  | Preparation, handling, part to be removed…:       |
| **Study Context** | Please select one  | If Other, please describe:        |
| **Associated validation**(for routine test) | Please select one  | No. of validation:       |
| Please select one  | No. of validation:       |
| Please select one  | No. of validation:       |
| Report language | Please select one |
| **Other Information** |
| Countries/regions that test data will be submitted to | [ ]  USA [ ]  Europe | [ ]  China[ ]  Japan | [ ]  Other:       [ ]  Not known  |
| \***Disposal** | Please select one |
| For test article to be returned | Please select carrier  | Other:      | Account #:       |
| Special handling instructions:  |       |  |
| **Safety Data** | Mandatory for liquid, gel, powder, paste, cream and/or if belongs to the type Chemical, Pharmaceutical or BiologicPlease select one      |

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| **Please print this form and sign. Signature must be handwritten.**By this signature, the Sponsor assures the exactitude of the information listed above. |
| Sponsor Function:      **Signature:** | Date:       |

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| **Shipping Information** |
| Please, include a signed copy of this form and ship to the facility as designated below. Thank you for your business. |
| Germany Facility:* Chemical Analysis
* Chemical Characterization
 | France Facility:* *In Vitro* Toxicology
* *In Vivo* Toxicology
* *In Vivo* Efficacy and Functional
* Antimicrobial and Microbiology Specials
* Microbiology (Bioburden, Sterility, LAL)
* Histology
 |
| NAMSA Laboratory Services GmbHAttention: Samples receptionIndustrie Center Obernburg63784 Obernburg Germany | NAMSAAttention: Samples reception115 Chemin de l’Islon38670 Chasse sur RhôneFrance |