



TEST SUBSTANCE SUBMISSION FORM

Return form by email, and/or include with Test Substance Shipment.

SPONSOR CONTACT INFORMATION	
Contact Name:	Company Name and Address:
E-mail:	
Phone:	
Quote/Protocol No.:	

TEST SUBSTANCE INFORMATION (SDS MUST be included)			
Test Substance Name	Lot/Batch #	Manufacturing Date	Expiration Date

Storage Conditions:	<input type="checkbox"/> Room temp. (20-25°C)	<input type="checkbox"/> Refrigeration (2-8°C)
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Protect From Light Exposure

Final Disposition of test substance (≥ 60 days of storage without use):

Discard Return using my FedEx Account #: _____

(Materials will be returned using FedEx ground unless otherwise requested. An account number is required)

Return to address listed above OR Return to: _____

Test substance samples that have not been used in testing for more than 60 days beyond the completion date of the most recent final report will be disposed of or returned per Sponsor instructions as indicated above. Please contact Microbac if you need the sample returned before the 60-day storage period, or if you would like to request additional storage time for the samples.

Comments: _____

Sponsor/Representative Authorization: _____ Date _____

Microbac Laboratories, Inc.

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