



Submission Form

Wilson Division
3809 Airport Drive, Wilson, NC 27896

Phone: 252-237-4175

www.microbac.com

GMP GLP Other

Submitted By (include company name, address, contact name, & phone number):	Date Submitted:
	Quote No.:
	Payment Info./ PO No.:
Report To (include company name, address, contact name, & phone number): Same as above <input type="checkbox"/>	<i>For Microbac Use only: (Work Order Label)</i>
Send Report To: Emails:	
Invoice To (include company name, address, contact name, phone number & email address): Same as above <input type="checkbox"/>	

<p>Turn-around-time (client will be notified if there is a backlog in the dept):</p> <p><input type="checkbox"/> Standard (10-15 business days)</p> <p><input type="checkbox"/> Rush (6 business days or less)*</p> <p><input type="checkbox"/> Emergency Rush (2 business days or less if applicable)*</p> <p>*Must have prior approval from Microbac WNC. Please refer to quote for surcharge information.</p>	<p>Raw Data Required: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>**Additional charges may apply</p>	<p>Controlled Substance: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>DEA Registration No.: _____</p> <p>Hazardous Information:</p> <p><input type="checkbox"/> Not Hazardous</p> <p><input type="checkbox"/> Hazardous – MSDS Required</p> <p>Suitable for disposal in a landfill w/o treatment or special packaging</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Sample Storage & Handling</p>		
<p><input type="checkbox"/> Ambient</p>		
<p>Refrigerator (2°C to 8°C)</p>		
<p><input type="checkbox"/> Freezer (-10°C to -25°C)</p>		

Are these samples stability samples? Yes or No

Has this product been tested at Microbac WNC before? Yes or No (If no, LS Microbiology requires Method Suitability.)

Additional Comments:

If data is to be used for regulatory compliance, please indicate which regulatory agency.