



ANALYTICAL CHEMISTRY TEST REQUEST FORM

WUXI APPTec USE ONLY

PROJECT #

A completed/signed form must be included with each sample shipment. Ship samples to:

WuXi AppTec • 2540 Executive Drive • St. Paul, MN 55120

TOLL FREE 888.794.0077 • FAX 651.675.2008

Testing to be conducted:

Non-GLP GMP GLP

This form may be used for GLP test orders only when a master copy of the GLP protocol is on file.

UPON TEST COMPLETION: Discard samples Return samples (Add'l fee applies) Unused Unused & Used

Provide courier company and account # for shipping:

P.O. # (Required for test initiation)

CLIENT INFORMATION

ACCOUNT NUMBER/CLIENT CODE: _____

COMPANY NAME	CONTACT NAME / TITLE	
ADDRESS	PHONE	FAX
CITY / STATE / ZIP	EMAIL	

SAMPLE INFORMATION

TEST ARTICLE IDENTIFICATION [As to be described on the final report]	LOT #	QUANTITY OF SAMPLE SENT
	OTHER IDENTIFIER	EXPIRATION DATE
INTENDED USE / APPLICATION	PHYSICAL STATE <input type="checkbox"/> Liquid <input type="checkbox"/> Soluble <input type="checkbox"/> Insoluble to be extracted <input type="checkbox"/> Other (Specify): _____	
SAFETY PRECAUTIONS <input type="checkbox"/> MSDS Enclosed <input type="checkbox"/> Flammable <input type="checkbox"/> None/Unknown (Use standard precautions)	CONTROLLED STORAGE CONDITIONS (Check one) <input type="checkbox"/> Room temperature <input type="checkbox"/> Refrigerated (2°C to 8°C) <input type="checkbox"/> Frozen (-10°C to -60°C) <input type="checkbox"/> Ultracold (<-60°C) <input type="checkbox"/> Other (Specify): _____	
IS PRODUCT SUBMITTED STERILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	STERILIZATION METHOD <input type="checkbox"/> N.A. <input type="checkbox"/> EO <input type="checkbox"/> Radiation <input type="checkbox"/> Steam <input type="checkbox"/> Other (Specify): _____	

TEST(S) REQUESTED

Mark box(es) to indicate test(s) is to be performed on sample described above.

TEST CODE	TEST NAME
<input type="checkbox"/> 400700	Particulate Matter Light Obscuration Method (USP) – Solution SPECIFY: <input type="checkbox"/> FOR INJECTION <input type="checkbox"/> OPHTHALMIC SOLUTION
<input type="checkbox"/> 400710	Particulate Matter Light Obscuration Method (USP) - Medical Device [Extraction] SPECIFY: AGITATION <input type="checkbox"/> With agitation <input type="checkbox"/> Without agitation RATIO <input type="checkbox"/> 100 mL of particulate-free water (standard) <input type="checkbox"/> Other: EXTRACTION CONDITIONS <input type="checkbox"/> Room temperature / 1 hour (standard) <input type="checkbox"/> Other:
<input type="checkbox"/>	
<input type="checkbox"/>	

COMMENTS / SPECIAL HANDLING

TESTING AUTHORIZATION

Sponsor signature is required before testing will be initiated.

SIGNATURE

PRINT NAME

DATE