



# SAMPLE SUBMISSION FORM FOR VIRAL CLEARANCE STUDIES

All applicable areas of this form must be completed and the form must be enclosed in any sample shipment for viral clearance studies.

**NOTE: This form may be used only when a signed protocol is on file at WuXi AppTec.**

SHIP SAMPLES TO:

WuXi AppTec • 4751 League Island Blvd. • Philadelphia, PA 19112  
800.622.8820 • 215.218.5500 • FAX 215.218.5990

WUXI APTEC USE ONLY  
Accession #

PROTOCOL NUMBER	WUXI APTEC QUOTE NUMBER	PURCHASE ORDER NUMBER	CLIENT ACCOUNT NUMBER

CLIENT INFORMATION	PHONE	FAX	EMAIL	Company Name and Address:
Contact for Final Report:				
Secondary Contact (if applicable/needed):				

SAMPLE INFORMATION		Stage of Submission:	Type of Regulatory Filing:
Molecule / Product Name:	Species:		
Cell Line:			

**Use the following page(s) to complete this form by providing additional information for samples being submitted.**  
Several pages are provided for entering sample data. Print out and include in the shipment as many pages as needed to list all samples.

COMMENTS / SPECIAL INSTRUCTIONS

### IMPORTANT INSTRUCTIONS REGARDING THIS FORM

This sample submission form acts as the official record for samples submitted to WuXi AppTec. It is essential that clients provide complete information on this form for ALL areas. If the required information cannot be provided within the spaces on this form, client should attach any additional information that may be critical regarding sample description, handling, etc. **(even if this information may have been provided previously to WuXi AppTec)**. Failure to provide this information could result in testing delays or other issues. WuXi AppTec will not be held responsible for information not provided by client. In addition, if re-testing is required because of missing or incomplete information, charges for both the initial testing and retesting will be the client's responsibility.

SUBMITTED BY:

Signature of Person Completing Form

Print Name

Date















