|  |  |  |  |
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| **CUSTOMER INFORMATION** | | | |
| Company name 1: |  | Address: |  |
| Contact person: |  |  |  |
| Email for report 1: |  | Telephone no.: |  |

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| **SAMPLE INFORMATION** | | | |  |  |
| **Lead time 2**  *(Business days)* | **Storage condition** | **Scope** | **Sample type**  *(only* ***GMP*** *scope)* | **Controlled substance / Opiate** | **Additional documents** |
| 2 days  5 days  10 days (regular)  Other………. | Room temperature Cooled (2-8°C)  Frozen (-20°C) | non-GMP  GMP | Drug Product  Drug substance (API)  Excipient  Raw material | No = not applicable  Yes = Addition of FR175 (or similar client form) is mandatory in case of controlled substance / opiate | Not applicable  MSDS  ☐ Other…. |

| **SAMPLE DESCRIPTION 1** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Description of sample**  Type of material or matrix (e.g. Oil / Plant) | **Batch or Sample ID**  Will be used on CoA | **Analysis Request**  Type of analysis or Pharmacopoeia number | **Specifications and/or expected value / sample concentration**  (e.g. used to set required dilution) | **Brightlabs Sample code**  (filled in by Brightlabs) |
| 1. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 2. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 3. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 4. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 5. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 6. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 7. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 8. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 9. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 10. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 11. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 12. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 13. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| 14. |  |  |  |  | BL-20\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_ |
| Remarks / Extra Information:  Quotation No.: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ or Purchase Order No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **FILLED IN BY BRIGHTLABS UPON RECEIPT** | | | |
| Date Received: |  | Name and Initials: |  | |