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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** |
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| **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: |  |