

SAMPLE SUBMISSION FORM

This form is required for submission of samples to the Avanti Analytical Services Division. Please complete this form for each sample you are submitting. Samples may be grouped on one form if they are all receiving the same testing and have the same storage requirements. This form must be included in the sample package when samples are shipped or may be emailed directly to us prior to receipt of your sample. If you have any questions when completing this form, please contact us at analytical@avantilipids.com



CUSTOMER and BILLING INFORMATION

COMPANY/INSTITUTION NAME and ADDRESS
CONTACT NAME
CONTACT EMAIL
CONTACT PHONE
BILLING ADDRESS (If different from physical address above)
QUOTE NUMBER (If applicable)
PURCHASE ORDER NUMBER
WE ACCEPT CREDIT CARDS (If paying by credit card, please contact us by phone to securely provide details prior to sample analysis)
ADDITIONAL EMAIL ADDRESSES FOR REPORTING RESULTS IF REQUIRED

SAMPLE INFORMATION

SAMPLE NAME(s) and DESCRIPTION(s) (Example: Lot PS12345, Energy Supplement Capsules, 3 capsules for composite analysis)
SAMPLE STORAGE CONDITION (Please check one) <input type="radio"/> Ambient <input type="radio"/> 2-8°C (Refrigerator) <input type="radio"/> -20°C (Freezer) <input type="radio"/> -80°C (Deep Freezer)
SAMPLE HANDLING / SAFETY (Please check all that apply, include SDS with samples if available) <input type="radio"/> Biohazard <input type="radio"/> Non-Hazardous <input type="radio"/> Hazardous (Type: _____) <input type="radio"/> Hygroscopic <input type="radio"/> Light Sensitive <input type="radio"/> Temp Sensitive
SAMPLE HANDLING AFTER TESTING (Please check one, return or retain of samples may incur additional charges) <input type="radio"/> Discard Samples <input type="radio"/> Return Samples <input type="radio"/> Retain for additional testing
ADDITIONAL COMMENTS:

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TESTING REQUESTED

TEST REQUIRED / INFO DESIRED (Example: PS content by Quantitative Phosphorus NMR, specification NLT 100mg PS per capsule)

TYPE OF TESTING (Please check one)

- R&D Use Only** Analyses are performed and peer-reviewed by trained analysts for research use information only; does not involve the review of Avanti cGMP Quality Unit.
- cGMP Analysis** Analyses are performed under cGMP guidelines; all Avanti documentation will be reviewed and approved by the Avanti cGMP Quality Unit. Additional charges may apply.

TURNAROUND TIME (Please check one)

- Standard (10-14 business days, excluding holidays)**
- Rush (3-5 business days, excluding holidays, standard cost x 2)**
- Priority Rush (1-2 business days excluding, holidays, standard cost x 3)**
- Other (30-45 business days excluding holidays, includes method development or validation projects and non-routine analysis)**

SPECIAL NOTES or INSTRUCTIONS (If necessary)

SAMPLE SHIPPING

PLEASE SHIP SAMPLES TO:

AVANTI ANALYTICAL SERVICES
Avanti Polar Lipids, Inc.
700 Industrial Park Drive
Alabaster, Alabama 35007
(205)663-2494
analytical@avantilipids.com

SHIPPING CONDITIONS :

(Check all that apply, extra charges may apply for return of items)

- Ambient Temp
- On Dry Ice
- On Ice Packs
- Data Logger Included
- Data Logger to Return
- Data Logger to be Read and Disposed
- Shipping Container to be Returned

TESTING AUTHORIZATION

TESTING AUTHORIZED BY: (Please sign and date)

TITLE

AVANTI USE ONLY

SAMPLE RECEIVED BY / DATE / TIME:

SAMPLE RECEIPT TEMPERATURE

- Ambient
- Ice Packs
- Dry Ice
- Contained Data Logger

SAMPLE CONDITION

- GOOD: Sample Containers Intact/Sealed, Shipment at intended temperature**
- OTHER(Describe) :**

SHIPPING CARRIER / TRACKING NUMBER: