



Sample Submission Form
Attention: Sample Receiving Department
5820 Oberlin Dr. Suite 108, San Diego, CA 92121

PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT THIS FORM AND SHIPPING SAMPLES

1. Please contact an American Testing Lab for all RUSH pre-approval at 858.750.2146
2. If your samples exceed available space, please attach additional sample submission forms.

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Revision: 1
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Contact Information

Company:		Invoice Contact:		Date:	
Contact Name:		Billing Address:		P.O. Number:	
Mailing Address:		(if different)			
Email (reports):		Email (invoices):		Product Type	<input type="checkbox"/> Pharma <input type="checkbox"/> NHP <input type="checkbox"/> Other

Identity: HPTLC/Microscopy Test Request(s)

Lot #	Sample Name /Description (PE, LE, Crude Raw Material, etc.)	Latin Name (Genus/Species)	Plant Part	Extract	Extraction Solvent, (if known)	TAT	Laboratory Use Only

Analytical: HPLC/GC/UV-vis/Chemistry Test Request(s)

Lot #	Sample Name /Description	Assay/ Marker (Test For)	Specifi- cation (If Required)	Analysis Requested	TAT	Laboratory Use Only

Be advised, turnaround times for analyses will begin the day after sample and correctly executed and signed sample submission form have been received by the testing facility. If no turnaround time is selected, a standard turnaround of 10 working days will be assigned for analytical, and 5 working days will be assigned for Heavy Metals, Microbiology and HPTLC. Turnaround time is based on industry accepted methods and procedures being available for the material or chemical to be tested. If additional method development, verification, validation or research is required, turnaround times may be affected.

Turn Around Time (TAT)	Sample Disposal	Data to be used for	Special Instructions/Request
STD - Standard 5D - 5 BUSINESS DAYS – 2x 3D - 3 BUSINESS DAYS – 3x/2x HPTLC 1D - 1 BUSINESS DAY – 4x/3x HPTLC ***RUSH MUST BE APPROVED***	<input type="checkbox"/> Standard Disposal <input type="checkbox"/> Return(\$10 per sample) <input type="checkbox"/> Retain for 3 month period (\$20) <i>Standard Disposal if nothing is selected</i>	<input type="checkbox"/> Internal use only and/or Non FDA <input type="checkbox"/> Regulatory Submission to FDA <input type="checkbox"/> Product/Raw Material Regulated by FDA <i>If nothing is selected, results will be reported for information only.</i>	<input type="checkbox"/> Check here if sample(s) require special storage conditions or handling precautions. Explain in the Special Instructions or Request.: <input type="checkbox"/> See attachment
Laboratory Use		<div>All fees or bills are charged directly to you, the client, unless a third party has been authorized via a signed statement indicating payment responsibility, regardless of testing result (pass/fail). It is assumed the paperwork submitted with a sample describes the testing desired. If changes are made after the originally requested testing is initiated or completed, the Client must accept payment responsibility. Please notify American Testing Lab immediately if changes in testing are necessary. In signing below, the Client accepts the above testing/billing responsibilities.</div> <div>Client Approval: _____ Date: _____</div>	
Received By:			
Name (Print):			
Date/Time:			