

SCHOTT pharma services



Sample Submission Form for Laboratory Testing

Company name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Service request/type: \_\_\_\_\_

Circle one: Ampoule Cartridge Vial Syringe Other → (describe \_\_\_\_\_)

Number of Ampoules/Cartridges/Vials/Syringes/Other: \_\_\_\_\_ pcs.

Batch / Lot number \_\_\_\_\_ Nominal Fill Volume: \_\_\_\_\_ mL

Circle one: Empty (never filled) Emptied Placebo Drug Product ( fill volume): \_\_\_\_\_

Drug Product Name: \_\_\_\_\_

Samples from storage test: yes / no 2-8°C 25°C 30°C 40°C 60°C other: \_\_\_\_\_ Duration: \_\_\_\_\_

Orientation: Upright Inverted On Side

Cooled transportation: yes / no Storage condition after sample receipt: 2-8°C RT 40°C 60°C

MSDS/safety data sheet required for filled containers with placebo or drug product and for emptied containers that were filled with drug product MSDS/safety data sheet included yes / no

Do samples need to be returned? \_\_\_\_\_ If yes, carrier & acct. #: \_\_\_\_\_

Return sample shipping address:

Quotation #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Shipping Information:** Please ship your samples to the laboratory location given in the quotation and include in the shipment this form on the outside of the package with the shipping paperwork (e.g. pro-forma invoice). Please use incoterms: "Delivered at Place (DAP)".

**Laboratory - Germany**

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**Laboratory - USA**

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\*\*\* Please attach this sample submission form on the outside of the shipment for customs inspection. \*\*\*