

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)".

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