Activation Laboratories Ltd.

Request for Analysis - Pharmaceuticals

Ship samples to:

1428 Sandhill Drive ● Ancaster, ON, Canada ● L9G 4V5 ● Tel: (905) 648-9611 ● Fax: (905) 648-9613 ● Toll Free: 1-888-ACTLABS

E-mail: pharmaceuticals@actlabsint.com

Priority: ☐ Standard: 2 weeks (10 business days)

☐ RUSH: required by _____

(Note: subject to surcharge and availability)

Confirmation of Sample Receipt: ☐ Yes ☐ No

By: E-mail: _____ or Fax: _____

Client Info – Ship To

Company: _____

Attn: _____

Address: _____

_____

_____

Phone:_____ Fax: _____

E-mail: _____

Quote #: _____

Bill To:

Company: _____

Attn: _____

Address: _____

_____

_____

Phone:_____ Fax: _____

E-mail: _____

Method of Payment:

☐ Purchase Order #

☐ Payment is included (Make cheque or bank draft payable to Activation Laboratories Ltd.)

☐ Charge to Credit Card (Please ensure that complete credit card details are provided)

☐ Credit has been established with Activation Laboratories Ltd. (refer to Actlabs' Credit Application Form). Payment will be issued after invoice has been received.

☐ Visa ☐ MasterCard

Number: _____

Expiry Date: _____

Name: _____

Signature: _____

Other Requirements:

Please provide MSDS certificate or reference

Cytotoxic Substance: ☐ Yes ☐ No

Controlled Substance: ☐ Yes ☐ No

Special Instructions/Comments: _____

_____

_____

_____

Analyses:

# of samples	Sample Description/Number (list all)	Quality Requirement (e.g., ISO, GMP)	Type of Test (e.g., USP Full Testing)	Referenced Method