**SAMPLE SUBMISSION FORM**

**CUSTOMER INFORMATION**

| Name : |
| --- |
| **Address:** |
| **Phone:** |
| **Email:** |

**SAMPLE INFORMATION**

| # | Sample Information | Name of Vitamin | Method Required | No. of Samples | MSDS |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Y/N |
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**ANALYSIS INSTRUCTION**

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**AUTHORIZATION SIGNATURE DATE**

| For Office Use Only | Comment |  |
| --- | --- | --- |
| **Received By** |  | Date |
| **Forwarded to** |  | Date |

**MSDS & ETHICAL APPROVALS QUESTIONNAIRE**

| Description of Sample(s): |  |
| --- | --- |
| **Material Composition/List of Ingredients?** |  |
| **Is License required to handle sample?** |  |
| **Is the sample a Biological Agent?** |  |
| **Is Sample Radioactive?** |  |
| **Physical Characteristics?** |  |
| **Hazard/Transportation Labels?** |  |
| **Does your Institution specify any specific Personal Protective Equipment (PPE) to your staff for handling sample(s)?** |  |
| **Does your company specify any specific Sample Containment?** |  |
| **Does your company specify any specific Sample Containment?** |  |
| Self Declaration Certificate for the ethical approval of the research project is mandatory . |  |

**OTHER INSTRUCTION**

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