

Internal Use Only
SAMPLE SUBMISSION FORM

Client ID _____
 Job # _____

Date Received: _____
 Logged by: _____



Biotech Testing Submission Form

Please complete one form for multiple samples if testing, hazard level and storage conditions are identical. **All samples should be sent to: Clongen Laboratories, LLC; 12321 Middlebrook Road, Suite 120, Germantown, MD 20874**

Client Information (Must be completed)

Send Results to (Mailing Address):		Bill to:	<input type="checkbox"/> Check box if same as mailing address
Contact Information	Firm Name:	Firm Name:	
	Address:	Address:	
	Contact Person:	ATTN:	
	E-mail:	E-mail:	
	Phone:	Phone:	
	Fax:	Fax:	

Please call 1-877-CLONGEN if you need assistance

Please write your sample ID EXACTLY as you want it to appear on the Final Report:

Sample ID	New Submission (Yes/No)	Vol./Wt.	# Units	Protocol #
1) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
2) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
3) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
4) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

For Clongen Labs. Use ONLY:

CL ID: _____
 CL ID: _____
 CL ID: _____
 CL ID: _____

Sample Information

HAZARD STATEMENT (Required Information) Indicate N/A if inapplicable Chemical: <i>(Acid, Strong Base, Flammable)</i> Biological: <i>(Carcinogenic, Pathogenic, Infectious)</i>	STORAGE CONDITIONS:	<input type="checkbox"/> Room Temperature (15o C to 30o C) <input type="checkbox"/> Refrigerated (2o C to 8o C) <input type="checkbox"/> Frozen (-15o C to -25o C) <input type="checkbox"/> Ultracold (-60o C to -80o C)
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COMPLIANCE STATEMENT <input type="checkbox"/> Non-GLP <input type="checkbox"/> GLP <input type="checkbox"/> GMP <input type="checkbox"/> Non-GMP	SAMPLE DISPOSITION: <i>(Remaining sample will be discarded 60 days from report date unless return is requested)</i> <input type="checkbox"/> Discard Sample <input type="checkbox"/> Return Sample <i>(Client FedEx account # required)</i> Client FedEx # _____
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THE SAMPLE CAN BE DESCRIBED AS:
 Cell Line Unprocessed Bulk Purified Bulk Final Product Other

CONTROLS INCLUDED:
 POSITIVE Yes No, If Yes, Control ID: _____
 NEGATIVE Yes No, If Yes, Control ID: _____

Testing Laboratory Agreement: Clongen laboratories considers the signed protocol an agreement with the client on the provided services. Clongen Laboratories implements the protocols signed by the client and performs all assays according to Standard Operating Procedures.

Signatures

Sponsor: _____ Date: _____	Study Director: _____ Date: _____
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