



Island Testing and Tech Services

2500 Nesconset Hwy, Building 19C, Stonybrook, NY 11790

Phone: (631)-364-9010, Fax: (631)-364-9009

E mail: info@ittslabs.com

SAMPLE SUBMISSION FORM

SAMPLE SENDER'S INFORMATION

Client Name:			Report to:		
PO#:			Contact Person Name: Phone: E. Mail:		
S. No	Name of the Sample	Batch/Lot#	Quantity	Testing required/Specification	Pharmacopoeial/Test method reference
Validation required: Yes/No					
Sample type: Pharmaceutical/Others			Test Priority: Rush (additional charge)/Regular		
Sample Storage Condition:					
Mode of sample: Commercial/Registration/Stability/Development					
Disposition of Sample: Return samples (additional charges applies for handling & shipping)/Discard after testing. (<i>Note: Samples will be discarded after one month of testing</i>)					
Special Instructions (if any):					
Hazardous: Yes No (<i>If yes, please share the MSDS</i>)				Sender Sign/Date:	
ITTS-use only					
Received by (Sign/Date):				Sample login ID:	