**Sample Submission Form**

**This Form is Required for All Sample Submissions**

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| **Please send your samples to:** | | | |
| **SGS North America Inc. (Christiansburg)**  **ATTN: Sample Receiving**  **135 Technology Drive**  **Christiansburg, VA 24073** | | | |
| **A.** | **Company Information** | | |
| Company Name: Insert Company Name  Contact Name: Insert Contact Name  Contact e-mail**:** Insert Contact e-mail  Contact phone number**:** Insert Contact Phone Number | | Street: Street  City: City State: State  Zip: Zip Country: Country | |
| **B.** | **Project Payment Information:** (Project cannot be started without PO or Credit Card information) | | |
| SGS Estimate Number: E. Num.  To pay with CC, please call with card information. | | P.O. Number: PO Number  (Please attach P.O. or email to [us.ind.psi@sgs.com](mailto:us.ind.psi@sgs.com)) | |
| Note: If this project is rush, contact [us.ind.psi@sgs.com](mailto:us.ind.psi@sgs.com) before sending samples. **Surcharge will apply.** | | | |
| **C.** | **Sample Information** | | |
|  | 1. Yes  No  Is this product or material subject to FDA (or other regulatory body) review?  If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Material Description**: Insert a brief description | | | |
|  | 2. Yes  No  Product or material contains a drug or drug substance?  **If Yes, Describe:** Insert Drug Type  3. Yes  No  Is an SDS required? **(required if a liquid, powder, or contains a drug/drug substance)**  **If Yes, please include with shipment of samples.**  4. Yes  No  Is the product or material biohazardous?  **(contains a biological substance that poses a threat to the health of living organisms)**  5. Yes  No  Does the product or material require ITAR handling?  **If Yes,** please contact[**us.ind.psi@sgs.com**](mailto:us.ind.psi@sgs.com)before sending samples. | | |
| **Special Instructions:** Insert any special instructions regarding your samples | | | |
| **D.** | **Sample Storage Conditions** | **E.** | **Sample Return or Disposal** |
| Freezer  Ultra Low Freezer  Desiccator  Flammables Cabinet  Refrigerator  Room Temperature/Humidity  Other: Insert storage requirement | | Please indicate how samples should be handled following the completion of the project:  Return using **FedEx** Account #: Insert Account# Account Zip Code: 00000 Shipping speed: Ground  Return using **UPS** Account #: Insert Account# Account Zip Code: 00000 Shipping speed: Ground  Dispose of samples after 14 days  Dispose of samples after 30 days  Other: Other | |

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| --- | --- | --- | --- |
| **F.** | **Samples Submitted** | | |
| **Sample Description** | | **Part Number/Lot Number/ Reference** | **Quantity of Sample (Bag, piece, weight, etc.)** |
| Description | | Reference | Quantity |
| Description | | Reference | Quantity |
| Description | | Reference | Quantity |
| Description | | Reference | Quantity |
| Description | | Reference | Quantity |
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| **FOR INTERNAL USE ONLY**  (To be completed before Sample Acknowledgment)  Initial, date, and circle as applicable following the receipt of samples:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this a regulated project? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is an SDS Required? Yes\* / No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Biohazard Samples? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other hazards? Yes / No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Specific Return or Disposal? Yes\*\* / No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Requires ITAR handling? Yes / No  \*If SDS is required but not initially received, contact client for SDS before checking-in samples.  \*\* Refer to ID 19054 Client Specific Sample Management | | | |