



Consumer Product Testing Co.

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SAMPLE SUBMISSION FORM

Type of Testing:	<input type="checkbox"/> Analytical* <input type="checkbox"/> Microbiology <input type="checkbox"/> Toxicology/Safety		
Page ____ of ____	Submission Date:	Phone #:	
Client Company:		Fax #:	
Client Contact:		Purchase Order No.:	
Address:		CPTC Quote # <i>(Please attach copy to expedite):</i>	
		CPTC Contact:	
City/State/Zip:		Bill (Invoice) Address:	
		<i>(if different from above)</i>	
Regulatory Status <i>(Test according to)</i> : <input type="checkbox"/> cGMPs <input type="checkbox"/> FDA GLPs <input type="checkbox"/> EPA GLPs <input type="checkbox"/> Non-Regulated <input type="checkbox"/> Other (specify):			

Sample Description <i>(include lot no.)</i>	Quantity/Size Submitted	Analyses Requested-list for each sample <i>(include method reference)</i>	Current Specification <i>(required for Analytical and Microbiology samples)</i>
1			<input type="checkbox"/> Encl. <input type="checkbox"/> Prev. Sent <input type="checkbox"/> N/A <input type="checkbox"/> Other:
2			<input type="checkbox"/> Encl. <input type="checkbox"/> Prev. Sent <input type="checkbox"/> N/A <input type="checkbox"/> Other:
3			<input type="checkbox"/> Encl. <input type="checkbox"/> Prev. Sent <input type="checkbox"/> N/A <input type="checkbox"/> Other:
4			<input type="checkbox"/> Encl. <input type="checkbox"/> Prev. Sent <input type="checkbox"/> N/A <input type="checkbox"/> Other:

Special Instructions (Include information on rush assignments, or handling instructions):

Client Correspondence/Signed Quote Attached

Disposition of Sample: Discard after testing Return samples Other:

Analytical Service Turnaround: <i>(Prior approval required.)</i>	<input type="checkbox"/> Normal (15 working days) No Surcharge	<input type="checkbox"/> Priority (10 days)** 25% Surcharge	<input type="checkbox"/> RUSH (5 days)** 50% Surcharge	<input type="checkbox"/> STAT (Immediate Attention)** 100% Surcharge
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Authorizing Signature	Date:	Rec'd By Initials:	Date:
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