

Millennium Research Labs Quality Assurance Documentation System

	SAMPLE SUBMISSION FORM	Page 1 of 1
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Sample Information

Submitted by Individual/Organization:	
Submitted on Date:	Sample Matrix:
Product Code or Description:	
Lot #:	Attached Documents: <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Samples:	Storage: <input type="checkbox"/> Ambient <input type="checkbox"/> 2 - 10° <input type="checkbox"/> - 20°C <input type="checkbox"/> - 80°C <input type="checkbox"/> Other:

Sample Type (Select one):

<input type="checkbox"/> Standard	<input type="checkbox"/> Raw Materials	<input type="checkbox"/> Stability	Other:
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Testing Required (Select all that apply):

HPLC-SEC <input type="checkbox"/>	HPLC-RP <input type="checkbox"/>	FTIR <input type="checkbox"/>	LC-MS: Positive <input type="checkbox"/>	ESI <input type="checkbox"/>
			Negative <input type="checkbox"/>	APCI <input type="checkbox"/>
Karl Fischer % Moisture <input type="checkbox"/>	UV Absorbance <input type="checkbox"/>	Trace Elements <input type="checkbox"/>	GC: FID <input type="checkbox"/>	Headspace <input type="checkbox"/>
Cations <input type="checkbox"/>	Anions <input type="checkbox"/>	Sugars <input type="checkbox"/>	Amino acids <input type="checkbox"/>	Oxides <input type="checkbox"/>
Specific Gravity <input type="checkbox"/>	Conductivity <input type="checkbox"/>	Viscosity <input type="checkbox"/>	pH <input type="checkbox"/>	Osmolality <input type="checkbox"/>
Total Organic Carbon <input type="checkbox"/>	Total Carbonyl <input type="checkbox"/>	Leachable Iron <input type="checkbox"/>	% Solids <input type="checkbox"/>	Stability Storage <input type="checkbox"/>
Other:				

Note: Please use space below for additional information or attach additional sheets of information if necessary

Sample Retains – After analysis, samples are to be (Select one):

Returned to Customer <input type="checkbox"/>	Disposed <input type="checkbox"/>	Held at MRL for: _____ <small>Amount of time samples are to be retained</small>
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PO Number: _____

Send results to: _____ at (ph or fax #): _____

OR at email: _____

Additional Information / Comments: _____

Ship to: Millennium Research Laboratories, Inc.
160 New Boston Street, Woburn, MA 01801
Ph: 781-935-0790, Fax: 781-935-0791

MRL Project ID: _____ **Stability Study Number:** _____
(For MRL use only) (For MRL use only)

Attachment 1

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