

Sample Submission Form (503B)

CIAL, 4760	Castleton	Way,	Suite A	, Castle	Rock,	CO	80109

800-788-9922 Toll Free

Phone: 303-471-8015 Fax: 303-569-6101

lab@compounderslab.com www.CompoundersLab.com

	aboratory Work Requested By:									
Date:						Email Test Results To:				
N	Jame:					Email for Accounting:				
C	Organization:					Method of Payment: Credit Card (□MC, □VISA, □AME	X)			
Α	address:					#EX				
	City: Sta					Name on Card				
	hone:						neck Enclosed			
_						Tenarge credit Card	icck Eliciosed			
					f Tests Offered	(Minimum amount required per test is provided in parenthesis)				
_	Please use the letter	code in the Test Requ	ested se	ection*		Formulation worksheets required before testing can begin				
Microbiology			DOT Date:	Potency and Specialty Tests tency Assay (5 ML - If More Than 4 ingredients, More Will Be Required) PH - pH Test (1 Container)						
	TE - Sterility Test (Per USP Batch Size - Please Inquire)			owder Potency and Identity (0.5 GM,		PH - pH Test (1 Container)				
	ND - Endotoxin Test (1 Container) UN - Fungal Test (1 ML)			PRT - Particulates-Sub Visible Enumeration Test (25 ML) otency-Over-Time Stability Study (3 ML/Test - If More Than 4 ingredients, More Will Be Required) CCI - Container Closure Integrity Test (4 Containers)						
	MS - Sterility Method Suitability / Validation Test (3 X USP Batch)			ity Indicating Assay Method Developn		AOC - Appearance, Odor, and Color (1 Container)	CONTROLLER Closure integrity rest (4 Containers)			
	ET - Antimicrobial Effectiveness Test (Please Inquire)			ity Indicating Assay Stability Study (Q		ID - Infrared Identification (5 MG or 0.1 ML) or UV/Vis Identification (5 GM or 5 ML)				
W	/A - Water Activity (5 GM or 5 ML)		UDU - Unifo	ormity of Dosage Units (30 units)		MET - Metals Assay (5 GM or 5 ML)	MET - Metals Assay (5 GM or 5 ML)			
			WAT - % Wa	ater by Karl-Fischer (0.5 GM or 0.5 MI	L)	SPG - Specific Gravity (6 ML for liquids, 25 ML for creams/semi-solids)				
				oss On Drying (1 GM)		SRV - Surface Recovery Validation (Test swabs plus 4 blank swabs)				
				sity (20 ML, call before sending)		CLV - Cleaning Validation (Test swabs plus 4 blank swabs)				
	Testing Minimums: Troc				· · · · · ·	eam, Gels, and Ointments (5GM). Each type of test requires its own container.				
			Sample:	2-3 days: \$50 Same Day	/ (24 hr.): \$100 Advan	ced notice required. Must arrive before 11AM				
		Kush Charges Fer								
	Sample Listing Active(s) / Concentrations	Lot Number(s		Test(s) Requested (Use Letter Codes)*	Storage (RT, RF, FZ, 40°C)	Batch Size, Stability Testing Time Points, Comments or Instructions	Amount Sent			
1				Test(s) Requested			Amount Sent			
1 2	Active(s) / Concentrations			Test(s) Requested			Amount Sent			
	Active(s) / Concentrations			Test(s) Requested			Amount Sent			
	Active(s) / Concentrations			Test(s) Requested			Amount Sent			
1 2 3 4	Active(s) / Concentrations			Test(s) Requested			Amount Sent			
3	Active(s) / Concentrations			Test(s) Requested			Amount Sent			

CIAL has a policy of not charging for the majority of reference standards or specialty items needed to perform various tests. Periodically, we are requested to test a sample or active which is very expensive and rarely seen. In such cases we will contact the customer and request help to share in the cost.