

FORMSE001-01-01

## Sample Analysis Request Form (SARF)



apta

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REPORT TO (information to be listed on the final report of the sample analysis)						SEND REPORT BY
Company Name	Address					<input type="checkbox"/> Email <input type="checkbox"/> Courier  <input type="checkbox"/> Raw Data Required
City	Zip / Post Code	State & Country				
Contact Name	Phone	Email				Invoice To ( <input type="checkbox"/> Same as Report To)
Shipping Condition		Storage Condition		Sample Disposition		Sample Type
<input type="checkbox"/> Ambient /Room Temperature <input type="checkbox"/> On Ice Packs <input type="checkbox"/> On Dry Ice <input type="checkbox"/> Data Logger To Be Returned <input type="checkbox"/> Data Logger Read and Disposed		<input type="checkbox"/> Ambient /Room Temperature <input type="checkbox"/> Refrigerated (2-8° C) <input type="checkbox"/> Freezer (Above -15°C) <input type="checkbox"/> Other _____		<input type="checkbox"/> Dispose Immediately as per Apta procedure <input type="checkbox"/> Retain* and Dispose as per Apta procedure <input type="checkbox"/> Return Samples * 30 days from the results reporting date		<input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Cytotoxic <input type="checkbox"/> Schedule/Other: _____
						Analysis Type
						<input type="checkbox"/> GMP Batch Release <input type="checkbox"/> Method Development/ Screening <input type="checkbox"/> Method Validation / Transfer <input type="checkbox"/> Method Verification <input type="checkbox"/> R & D <input type="checkbox"/> Utility / In process* (* Environmental / Water System Monitoring) <input type="checkbox"/> Others _____
<b>Sample Information</b> (Please fill in applicable information and use exact wording to be used in the final report) <input type="checkbox"/> <b>Refer attached</b> (check this box if sample information will be provided in a separate attachment)						
Sample Name (Information to be listed on final report)	Sample Quantity (E.g. 1 g / 1 mL)	Sample Batch / Lot No.	Test Parameter Name/ Specification No./ Method No.	Comments (If any specific comments/ Instructions, Statement of Conformity)		

By completing this form, submitting samples for analysis, or authorizing Apta to perform the services, including the issuance of a purchase order, you indicate your acceptance of the Apta Terms and Conditions of Service found at <http://www.aptalabs.in> and the terms of the techno commercial offer. Any other terms and conditions, including those identified in your purchase order, are expressly rejected unless otherwise agreed to in writing by an authorized representative of Apta. If you have already executed a service /quality agreement, the terms of that agreement shall govern. Please ensure that you carefully read and understand the Apta Terms and Conditions of Service before proceeding.

Sample Submitted By (Client Representative) \_\_\_\_\_ (Please Sign and Date)

## For Apta Internal Use Only

Sample(s) Received Date:

Sample Enrolled By Sign and Date:

Sample Enrolment Number: