



ACCUON Labs Inc.

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SAMPLE SUBMISSION FORM

SAMPLE SENDER'S INFORMATION

Client Name & Address

Report to:

Contact Person Name:

Phone:

Email:

SAMPLE INFORMATION

S. No	Name of the Sample	Batch / Lot No	Quantity	Testing Required/ Specification	Pharmacopieal / Test Method reference

Validation required: Yes No

Sample storage condition:

Sample Type: Commercial / Registration / Stability / Development

Disposition of Sample: Return Samples (*Shipping & handling charges will apply*) / Discard after testing

(As per practice all Samples will be discarded one month after testing)

Special Instructions (*if any*):

Hazardous : Yes No (*if Yes, please attach MSDS*)

Sender Sign & Date:

ACCUON Labs Inc. – Use only

Received by Sign & Date:

Login ID: