Please complete this questionnaire and return to ARL for quotation. **A copy of the formulation sheet for the finished product and any sub-formulas is required. The formulation sheet must include a formulation identification number.** Please complete a separate questionnaire for each formulation.

|  |  |
| --- | --- |
| **QUESTIONS** | **ANSWERS** |
| 1. Please provide contact information: Your Name, Business Name, Address, Phone, and Email.
 |  |
| 1. Please provide any relevant NDC #’s.
 |  |
| 1. Is your facility registered as a 503B or does this study need to be performed under cGMP conditions?
 |  |
| 1. Please list any antimicrobial preservatives present
 |  |
| 1. Is this product a solution, suspension, emulsion, etc?
 |  |
| 1. Please describe the appearance of the product? (e.g. Clear colorless solution free from visible particles)
 |  |
| 1. What is the maximum batch size?
 |  |
| 1. If not present on the formulation sheet, please provide a description of the container and fill volume.
 |  |
| 1. Is this a single or multi-dose container?
 |  |
| 1. What is the route of administration?
 |  |
| 1. If applicable, what is the endotoxin limit or the average patient weight, maximum dose/hour, and route of administration?
 |  |
| 1. Do you prefer the samples to be stored at room temperature, refrigerated, or in a stability chamber?
 |  |
| 1. What is the target expiration/beyond-use-date?
 |  |
| 1. Is there a preferred number of time points?
 |  |
| 1. Is Day 0 considered the day the product was compounded or the day the product is received by ARL?
 |  |
| 1. Would you like ARL to prepare a final report for this study?
 |  |
| 1. Would you like validated potency testing for batch release?
 |  |
| Goal of study, comments, or special requests (tests, acceptance criteria, conditions, time points), etc.: |