Sample Submission Form

(One form per formulation and lot number)

ARL BIO PHARMA
840 Research Parkway, Ste 546, Oklahoma City, OK 73104

Office Use Only:
Date Received:
ARL #:

Reporting Information*: Client ID:

Company: Phone: Fax:
Address: Contact:
City: State: Zip Email:

PO #:

**Changes to client information should be submitted via our "Billing/Change of Information" Form. Sign up to view results on the web at www.arlokapps.com*

Sample Information: ☐ cGMP *Unchecked is non-cGMP. Additional charges may apply for cGMP.*

Client Formulation ID Lot Number ☐ CDS
Sample Description Total No. of articles (containers):
Storage Conditions: ☐ Room Temperature ☐ Refrigerated ☐ Frozen

Requested Testing:

Analytical Testing

Indicate free base, salt or hydrated form *Account for any overfill in bags or include overfill test*

☐ Potency
☐ Normal ☐ Rush
☐ Appearance
☐ pH
☐ Overfill

Analyte / Concentration
Analyte / Concentration
Analyte / Concentration
Analyte / Concentration

List additional analytes in comment section

Comments, Instructions or Other Testing:

Microbiological Testing

☐ Sterility by MBI-144

☐ Sterility by USP <71> (**Client formulation ID and Method suitability (or Library Verification) required.)

☐ I certify that ☐ articles of the finished product are required to satisfy USP <71> sterility testing requirements

Please refer to USP <71> for the appropriate number of articles (containers) for your batch size.

New formulations require method suitability. Indicate your preference below:

☐ Method Suitability Testing* ☐ Library Verification (if available)

**Method suitability requires 3X your normal sterility test volume and must represent your largest anticipated batch.*

☐ Fungal

☐ Endotoxin by MBI-145 ☐ Normal ☐ Rush

☐ Endotoxin USP <85> ☐ Normal ☐ Rush

Endotoxin Limit **OR** Av Wt (Kg) Max dose/hr Route ☐ Parenteral ☐ Intrathecal

Compendial (Quote Required)

☐ Normal ☐ Rush

☐ USP/NF ☐ EP/BP ☐ FCC ☐ JP ☐ Other (please supply method)
☐ Full
☐ Partial Test List:

My signature certifies agreement with the terms and conditions; additionally, all provided information is true and correct. Note: Failure to sign the submission form will result in processing delays.

Signature: ***(required)***

All services provided will adhere to Analytical Research Laboratories terms and conditions. For cGMP services, please contact ARL for a quote and quality agreement.