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| Office Use Only |
| Date Received: |
| ARL #: |
| No. of Articles to be tested: |

Method Suitability Library Verification Order Form

(Please complete this form for each formula and submit with a copy of the formula worksheet and any sub-formulas. All fields must be completed.)

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|--|-----------------|------------|
| Client Name: | | PO Number: |
| Contact Name: | Phone Number: | |
| Client ID No.: | Formula ID No.: | |
| Formula Name: | | |
| Container Type: (Vials, Syringes, IV Bags, etc.) | | |
| Anticipated Maximum Batch Size (number of containers in a finished batch): | | |
| Fill volume of containers: | | |

Please list all products with NDC numbers:

Product Name:

NDC Number:

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(Please complete this form for each formula and submit with a copy of the formula worksheet and any sub-formulas.)

Your submission of this form to ARL certifies that: (1) all information provided on this form is true and correct; (2) you have reviewed the Terms and Conditions located at <http://www.arlok.com/arl-forms>; (3) you agree to be bound by the Terms and Conditions; and (4) if you are submitting this form on behalf of a company or other entity, you have the authority to bind that company or entity to the Terms and Conditions.