



# Stability Study Test Request Form

Ship Samples To:  
Cambrex • Attn: Sample Login  
104 Gold St. • Agawam, MA 01001  
Email: [login-ma@cambrex.com](mailto:login-ma@cambrex.com)

### For Internal Use Only

Internal #:		
Rec'd By/Via:		
Rec'd/Pull by Date/Time:		
Stability Time Point:		
Stability Conditions:		
SP#:		

A Purchase Order (PO) should be submitted with the product to initiate product testing services. Failure to submit completed Sample Submission Forms or include a PO may result in testing delays.

Please fill out form completely		Requestor	Invoicing (if different from Requestor)
<b>PO #</b>		<b>Contact</b>	<b>Contact</b>
<b>Quote #</b>		<b>Company</b>	<b>Company</b>
<b>Turnaround Time (TAT)</b>		<b>Address</b>	<b>Address</b>
<input type="checkbox"/> Standard	See quote for TATs and associated fees. TAT starts at date of pull point.	<b>City</b>	<b>City</b>
<input type="checkbox"/> Tier 1 STAT		<b>State/Zip</b>	<b>State/Zip</b>
<input type="checkbox"/> Tier 2 STAT		<b>Phone</b>	<b>Phone</b>
<input type="checkbox"/> Tier 3 STAT		<b>E-mail</b>	<b>E-mail</b>

Sample Handling, Safety, and Disposition - Please include SDS in shipment – Complete ALL Sections		
<b>Shipping Condition (to Cambrex)</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Freezer Pack <input type="checkbox"/> Dry Ice	<b>Sample Disposition</b> <input type="checkbox"/> Discard all samples <input type="checkbox"/> Return all samples* <input type="checkbox"/> Return unused portions only* *Return via: <input type="checkbox"/> FedEx <input type="checkbox"/> Other *FedEx Account #: _____  <small>(Additional fees may apply. If no FedEx account listed, the shipment charges will be applied to the PO above)</small>	<b>Hazard Information (check all that apply)</b> <input type="checkbox"/> Non-hazardous <input type="checkbox"/> Biological <input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL 2 <input type="checkbox"/> Chemical  <i>Cambrex cannot receive and does not test BSL 3 materials.</i>
<b>Storage Condition prior to study initiation</b> <input type="checkbox"/> Ambient <input type="checkbox"/> 2-8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C	<b>Radioactive?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact Cambrex for approval and to coordinate shipment/receipt of the material.	<b>Controlled Substance?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Schedule: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> List DEA #: _____
<b>Storage Condition after pull point (prior to testing)</b> <input type="checkbox"/> Ambient <input type="checkbox"/> 2-8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C	<small>Unless noted, temperature data/recorded returned to Requestor</small>	<b>Phase of Development:</b> <input type="checkbox"/> RD/Phase 1 <input type="checkbox"/> Phase 2 <input type="checkbox"/> Phase 3/Commercial

Stability Study Information			
<b>Total Quantity of all incoming samples (including reserves)</b>	<b># of Reserve Samples</b>	<b>Lot #</b>	<b>Material Name/Sample Description</b> <small>(to be listed on final CoA)</small>

Individual Sample Information and Requested Testing					
<b>Test Requested-Test Code (see quote)</b>	<b>Total Stability Quantity for this testing</b>	<b>Quantity per pull point</b>	<b>Stability Storage Conditions</b>	<b>Client SOP (if applicable)</b>	<b>Specification (Required)</b>
<b>Do you want copies of the raw data?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (\$75 fee applies for each report)					

**Comments:** (If lot number or material name/sample description listed above purposely differs from the sample label, please provide comment)

Submission of this executed form and the associated samples for testing signifies your acceptance of the terms and conditions incorporated in the Quote or Cambrex' general terms and conditions covering these services. (See: <http://Cambrex.com/Forms-and-Certificates>).