

SAMPLE SUBMISSION FORM

Form Instructions: Step 1 - Fill Out All Respective Fields (**Red** Fields Required). **Step 2** - Print Form & Include Paper Copy of Form in Shipment. **Step 3** - Submit Form Via E-Mail & CC Project Manager.

PROJECT / PRODUCT INFORMATION

Client Name	
Product Name	
Product Lot Number(s)	
Next Breath Contact	
Next Breath Proposal No./Protocol No.	

SAMPLE / SHIPMENT INSTRUCTIONS

Controlled Substance:	N/A <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/>	*DEA Registration # _____ *Copy of Current Registration Required
Sample/Unit Quantity:		
Storage Condition:	Controlled RT (20°C to 25°C) <input type="checkbox"/>	Refrigerated (2°C to 8°C) <input type="checkbox"/>
	Frozen (-25°C to -10°C) <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
SDS Attached: <input type="checkbox"/>	Please be advised that testing delays may result if SDS sheets are not on file or attached	Return Samples at Client Expense: <input type="checkbox"/> If not checked samples will be disposed of by Next Breath
Temperature Monitor Included? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide e-mail address for copy of file: _____		
Special Instructions:		

REQUESTED TEST & DETAILS

Test Name	Release?	Stability?	Other (i.e. ANVISA, BE, CMC) [¥]
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Time point: _____ No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Time point: _____ No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Time point: _____ No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Time point: _____ No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Time point: _____ No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Time point: _____ No <input type="checkbox"/>	

Requestor Signature: _____ **Date:** _____

[¥] ANVISA = Brazilian Health Surveillance Agency; BE = Bioequivalence; CMC = Chemistry, Manufacturing, and Control