



259 Wall Street, Princeton, NJ 08540
 259 Prospect Plains Rd., Bldg. E-1, Cranbury, NJ 08512

Sample Submission Form

Client Information				Report/Billing Information			
Client Company:				Report to (ATTN):			
Client Contact:				Report Address:			
Telephone:				Invoice to (ATTN):			
Fax:				Invoice Address:			
E-mail:				If hard copy of report is requested, please provide FedEx account #:			
Turn Around Time		Please complete separate Sample Submission Forms when multiple samples are being submitted for different testing.		Quote# (attach copy):			
Routine	<input checked="" type="radio"/> Rush (Additional Cost) 1-2 Days 3-5 Days Other: _____			P.O.#:			
Controlled Substances		Storage Conditions		Testing Requirements		Additional Requirements	
Schedule: _____		Room Temperature	Freeze (-10C to -25C)	GMP Testing	Stability	Method Validation/Transfer	
222-Form #: _____		Protect from Light	Freeze (-70C)	GLP Testing	Compendial	Method Development	
Please include a copy of DEA Registration		Refrigerate (2C to 8C)	Other:	NON-GMP/GLP Testing	Verifications Required	Other:	
High Containment Materials	High Potency Materials	Additional Comments:				Internal Use Only	
Antibiotic							
Sample ID	# of Containers/vol.	Sample Description	Testing	Comments	PASC ID	Location	
Ensure the Sample ID recorded above reflects the sample container label. If this is not possible, note the discrepancy. (Sample ID will appear on Final Reports exactly as written above)							
Sample Disposition (Unused sample will be discarded 30 days from report date unless return is requested)							
Discard Sample				Return Sample, Client Courier#:			
PASC performs testing following accepted industry standards and in accordance with our Standard Operating Procedures. If the Client directs PASC to perform analyses that differ from standard or recommended procedures, the Client shall be the responsible party. The Client shall not in any way hold PASC responsible for claims, damages, or expenses arising from following the Client's direction.							
I authorize PASC to perform the above analyses:				PASC Study#:		Rec. Date:	
Signature: _____				(Internal Use Only)		(Internal Use Only)	
Date: _____							

OCCUPATIONAL HEALTH HAZARD BAND

Common Name:	Exposure Control Band (ECB):
CAS Number:	Initial Review Date:
	Revision Date:
Pharmacological/Chemical Class:	

Occupational Exposure Band	Airborne Target Range for Particulate Concentration (mg/m³)	Airborne Target Range for Gas or Vapor Concentration (ppm)
A	>10mg/m ³	>100 ppm
B	>1 to 10 mg/m ³	>10 to 100 ppm
C	>0.1 to 1 mg/m ³	>1 to 10 ppm
D	>0.01 to 0.1 mg/m ³	>0.1 to 1 ppm
E	≤0.01 mg/m ³	≤0.1 ppm

Mechanism of Action:

Therapeutic Indication and Dose:

Pharmacokinetics

Toxicity Data:

- Acute Toxicity:
 - GHS Code:
 - Hazard Statement:
 - Hazard Category:
- Repeated Dose Studies:
 - GHS Code:
 - Hazard Statement:

OCCUPATIONAL HEALTH HAZARD BAND

- Hazard Category:

- **Carcinogenicity:**

- GHS Code:

- Hazard Statement:

- Hazard Category:

- **Genotoxicity:**

- GHS Code:

- Hazard Statement:

- Hazard Category:

- **Reproductive and Developmental Toxicity:**

- GHS Code:

- Hazard Statement:

- Hazard Category:

:

- **Specific Target organ toxicity:**

- GHS Code:

- Hazard Statement:

- Hazard Category:

- **Skin Corrosion/Irritation:**

- GHS Code:

OCCUPATIONAL HEALTH HAZARD BAND

- Hazard Statement:
- Hazard Category:

- **Eye Damage/Irritation:**
- GHS Code:
- Hazard Statement:
- Hazard Category:

- **Skin Sensitization:**
- GHS Code:
- Hazard Statement:
- Hazard Category:

References:

Prepared/Approved by: