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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Information** | | | | | | | | | | | | | | | |
| Client Contact: |  | | | | | | | | Send Invoice To: | | | □ Same as Contract Address □ Address below | | | |
| Client: |  | | | | | | | | Client: | | | BioScreen only invoices the client and does not invoice 3rd parties | | | |
| Address: |  | | | | | | | | Address: | | |  | | | |
| City, State, Zip |  | | | | | | | | City, State, Zip: | | |  | | | |
| Phone: |  | | | | | | | | Phone: | | |  | | | |
| Email: |  | | | | | | | | Email: | | |  | | | |
| List most recent applicable Quote #: |  | | | | | | | | PO or Payment Type: | | | □ Check No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ PO :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Credit Card (please visit <http://payments.bioscreen.com/>) | | | |
| **Turn Around Time1** | | | | | | | | | | | | | | | |
| Chemistry  (2 tests or less) | | | | | Chemistry  (3 tests or more) | | | | | Microbiology  (Non-Organism Required Tests) | | | Microbiology  (Organism Required Tests) | | |
| □ Regular (10 business days)  □ STAT (1 business day): 200%2  □ RUSH (2 business days): 150%2  □ RUSH (3 business days): 100%2  □ RUSH (5 business days): 50%2 | | | | | □ Regular (15 business days)  □ STAT (5 business days): 200%2  □ RUSH (7 business days): 150%2  □ RUSH (10 business days): 100%2  □ RUSH (12 business days): 50%2 | | | | | □ Regular  □ STAT (1 business day): 200%2  □ RUSH (2 business days): 150%2  □ RUSH (3 business days): 100%2  □ RUSH (5 business days): 50%2 | | | □ Regular  □ RUSH (start within 1 business day): 200%2  □ RUSH (start within 2 business days): 150%2 | | |
| **Sample and Test Information**  (Please fill out one form per sample) | | | | | | | | | | | | | | | |
| □ cGMP Data Package required2 Controlled Substance: □ No □ Yes, Schedule\_\_\_\_\_\_\_\_\_; DEA Registration#:\_\_\_\_\_\_\_\_\_\_\_\_\_ Suitability Accession #:\_\_\_\_\_\_\_\_\_\_\_\_\_  (if required) | | | | | | | | | | | | | | | |
| Sample Name | | | Formula No. | | | Batch No. | Lot No. | Qty. | | | Test(s) to be Conducted | | | Specification | Accession No.  (BTS use only) |
|  | | |  | | |  |  |  | | |  | | |  |  |
| Storage Condition | | Sample Handling | | | | | | | | | Sample Disposition2  (all samples will be discarded after testing unless otherwise indicated) | | | | |
| □ Room Temperature  □ Refrigerated (2-8°C)  □ Freezer (<-25 to -10°C) | | □ Non-Hazardous  □ Hazardous3 (SDS must be included with sample)  □ Biohazardous3(SDS must be included with sample) | | | | | | | | | □ Return to Client; please provide shipping acct info:  FedEx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UPS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| By signing below, I authorize BioScreen Testing Services, Inc. (BTS) to perform the above-indicated test(s). BTS is not obligated to perform any requested service unless and until it has agreed to do so. Please include the signed quotation for new analysis submitted to BTS. Signature indicates approval of all applicable terms and conditions, the most current quotation, and surcharges noted above. | | | | | | | | | | | | | | | |
| REQUIRED | | | | Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

1STAT/RUSH services require 48-hour advance notice to schedule testing. Turn around times for special projects, method development, and method validation will vary based on quotation. 2Applicable surcharge/fees may apply. 3SDS must be included with sample in order to test and additional disposal fees may apply.