

Main Office: 3904 Del Amo Blvd., Torrance, CA 90503 Ship to: 3892 Del Amo Boulevard • Torrance, California 90503 Phone: (310)214-0043 Website: www.bioscreen.com • E-Mail: info@bioscreen.com

Client Information											
Client Contact:	Contact:				Send Invo	oice	□ Same as Contract Address □ Address below				
					To: Client:						
Client:							BioScreen only invoices the client and does not invoice 3 <sup>rd</sup> parties				
Address:					Address:						
City, State, Zip					City, Stat	te, Zip:					
Phone: Email:					Phone:						
					Email:		– Chash Na				
List most recent Quote #:					PO or Pay Type:	lyment	□ Check No.: □ PO :				
Quote #.					Type.		□ Credit Card (please visit http://payments.bioscreen.com/)				
Turn Around Time <sup>1</sup>											
Chemistry Analysis Chemistry Test					- I Hound	Microbiology			Microbiology	1	
(2 tests or less)		(3 or more tests)					m Required Tests)		(Organism Req. Tests)		
$\Box$ Regular (10 business	/	□ Regular (15 business days)			□ Regular (10 busines			$\Box$ Regular (start within 4 business days)			
$\Box$ STAT (1 business da		$\Box$ STAT (5 business days): 200% <sup>2</sup>			$\Box$ STAT (1 business day): 200			$\square$ RUSH (start within 1 business day): 200% <sup>2</sup>			
$\square$ RUSH (2 business da	• /	$\Box$ RUSH (7 business days): 150% <sup>2</sup>			$\square$ RUSH (2 business day): 200%		$\square$ RUSH (start within 1 business day): 200%				
$\square$ RUSH (2 business da		$\Box$ RUSH (10 business days): 100% <sup>2</sup>				$SH (3 \text{ business days}): 100\%^2$					
		$\Box$ RUSH (10 business days): 100% $\Box$ RUSH (12 business days): 50% <sup>2</sup>				RUSH (5 business days): $50\%^2$					
Sample and Test Information											
$\Box \text{ cGMP Package required}^2 \qquad \text{Controlled Substance:}  \Box \text{ No}  \Box \text{ Yes, Schedule} \qquad ; \text{ DEA Registration#:}$											
					Ĺ		^		a 18 1	Accession No.	
Sample Description		Lot No.	Batch No.	Qt	ty.	Test(s) to be Conducted		ted	Specification	(BTS use only)	
Storage Condition Sample Handling							Sample Disposition				
					(all samples will be discarded after testing unless otherwise indicated)						
□ Room Temperature □ Non-Hazardous					□ Return to Client; please provide shipping acct info:						
$\Box \text{ Refrigerated (2-8°C)} \Box \text{ Hazardous}^3  (SDS must be included with same set of a se$											
$\Box \text{ Freezer} (<-25 \text{ to } -10^{\circ}\text{C}) \Box \text{ Biohazardous}^{3} (\text{SDS must be included with sample}) \Box \text{ Other:}$											
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:											
'STAT/RUSH services req	<sup>1</sup> STAT/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										

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