

SAMPLE SUBMISSION FORM

Ship Samples To: Attn: Sample Receiving
 4810 Executive Park Ct, Suite 110
 Jacksonville, FL 32216
 Tel: 904-296-3007



Client Company	Sample Identifier(s)													Thank you! We appreciate the opportunity to be of service. Should you have any questions related to your sample submission, please contact the lab directly.	
Contact															
Address															
City/State/Zip															
Tel Number															
Purchase Order #															
Client Project Reference / Material Identification															

Requested TAT:

EPDI Quote #:

Test / Description	Indicate by marking below required test / sample requirements. Where Replicate analyses are required, use numbers, else 'X'													Sample comments	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Safety / Special Handling: Potent / Cytotoxic? Yes No Carcinogen? Yes No Biohazard? Yes No Hazardous? Yes No

Storage Conditions: Ambient Refrigerate Freeze Other (specify in comments)

(If Yes to any hazards, SDS must be included with shipment.)

Governing Regulations: GMP GLP Non-GMP Other (specify in comments)

Controlled Drug Schedule: I II III IV V N/A

Specs Attached: Yes No

Sample Disposition following testing: Routine Lab Disposal Return to Customer

Include Raw Data Yes No

Submitted By/Date	Received for EPDI By/Date:	Receipt Status	Conditions:
Client Project Comments / Special Requirements:	Lab Comments	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Ambient
		<input type="checkbox"/> Unacceptable	<input type="checkbox"/> Refrig (<input type="checkbox"/> C)
		<input type="checkbox"/> Frozen	
		EPDI USE ONLY	
		LIMS #	

Submission of samples to ENCO constitutes acceptance of our Standard Terms & Conditions, unless prior written and accepted contracts exist.