

CUSTOMER (NAME, ADDRESS)		CONTACT PERSON	
NAME OF PRODUCT		SAMPLE ID / BATCH NO.	
DATE OF EXPIRATION		QUANTITY	
PACKAGE SIZE		REQUESTED DEADLINE (WORKING DAYS) *	
		<input type="checkbox"/> 15 (priority)	<input type="checkbox"/> 20
		<input type="checkbox"/> 23 (sterile)	
SAMPLE STORAGE			
<input type="checkbox"/> At room temperature (15-25°C)	<input type="checkbox"/> Cooled (2-8°C)	<input type="checkbox"/> Protected from light	<input type="checkbox"/> Other:
COMMENT (Please indicate, if the product requires special handling, for example in case of cytostatics, hormones, or drugs!)			
TESTS			
ANALYTICAL METHOD NAME OR STP NO.		REQUIREMENT / SPECIFICATION NO.	
Customer signature/date:	Courier signature/date, time:	Received in WESSLING/date, time: **	

NOTE!

* Requested deadline can be applicable only in case if all necessary information listed in related Technical Agreement (like compliance dossier, logistic and batch related documentation) has been provided completely prior to sample reception.

If any part of the necessary documentation is missing samples provided must be stored under quarantine at our sample storage room. **Quarantined samples cannot be forwarded to laboratory for QC testing!**

** In case if all necessary documentation has been provided completely order form has to be confirmed and sent back to customer. **Deadline can be calculated only from confirmation date!**