VANGUARD LABORATORY

Sample Submission Form

Customer Information	
Client Name:	
Client Email:	
Company Name (Included on Report):	
Phone:	
Street Address:	
City, State, Zip:	

Electronic documents will be provided in Adobe Acrobat (PDF) format.

Customer Special Instructions:

Turn around time requested: ☐ **Routine (3-5 days)** ☐ **Expedited (Contact Lab for Overnight rushes)**

Completed and signed sample submission form indicates agreement with laboratory terms and conditions and authorizes Vanguard to perform the requested analysis.

Item #	Sample ID (Chemical Name)	Lot Number	Analyses Requested (Check Box)				Expected Concentration/ Fill in mg	Additional Comments or Testing Requested	Include Photo on Report? (Y/N)
			Panel: Purity and Quantity	Sterility (USP 71- 14 day TAT)	Bioburden (USP 61- 5 day TAT)	Endotoxins			
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Date Sample(s) Relinquished:	
Authorized Signature:	

Lab Use Only	Lab Project #:	**Sample Receipt**		
Date/Time Received:	Due Date/Time:	Temp °C	Received By (print):	
Lab Notes:		Seals Intact Y N N/A	Received By (sign):	
		Damaged Y N		