

## Physical/Chemical Analysis Submittal Form

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_ P.O.#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

All samples will be returned to the submitter following completion of the analysis.  Fax Results  E-mail Results

**PRIORITY SERVICE:** For "Rush" service, please contact us for a PRIORITY Service Number before submitting samples.  
**PRIORITY SERVICE NUMBER:** \_\_\_\_\_

Sample ID (for multiple samples attach listing of ID's):	Expected Composition/Structure:
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**FDA cGMP Compliance Needed**  Yes  No

Specification Provided:  No  Yes : \_\_\_\_\_

**FDA GLP Compliance Needed (Characterization Studies)**  Yes  No

Client Method for Analysis: \_\_\_\_\_

**Controlled Substance**  Yes  No

If Yes: DEA Registration # (Required) : \_\_\_\_\_  
 Please attach copy of current license.

DEA Schedule - Check One:  I  II  III  IV  V -- DEA 222 Form required for Schedule I and II items.

Safety Hazards: <input type="checkbox"/> Volatile	<input type="checkbox"/> Flammable	<input type="checkbox"/> Explosive	<input type="checkbox"/> Toxic	<input type="checkbox"/> Other
Sample Storage: <input type="checkbox"/> Desiccator storage (Hygroscopic samples)	<input type="checkbox"/> Refrigerator (-4°C)	<input type="checkbox"/> Freezer (-20°C)	<input type="checkbox"/> Other	
Special Handling: <input type="checkbox"/> Oxygen sensitive handling (under N <sub>2</sub> in Dry Box)		<input type="checkbox"/> Other _____		
<input type="checkbox"/> Dry sample for _____ Hrs at <input type="checkbox"/> RT / <input type="checkbox"/> 60°C / <input type="checkbox"/> _____ / <input type="checkbox"/> Vacuum				

**Quantitative Elemental Analysis**

**X-ray Powder Diffraction (XRD)**

<input type="checkbox"/> Single <input type="checkbox"/> Duplicate 5-10mg required for CHN; 10-20mg for other elements <u>Element(s):</u> <u>Expected value:</u> <input type="checkbox"/> CHN _____ %C _____ %H _____ %N <input type="checkbox"/> S _____ %S (please indicate if sample contains F, Hg, or deuterium) <input type="checkbox"/> Cl _____ %Cl <input type="checkbox"/> F _____ %F Combustion Aid <input type="checkbox"/> : _____	<u>Sample Prep.</u> <input type="checkbox"/> Front Pack (0.5g) <input type="checkbox"/> Zero Background (50mg minimum) <u>System Parameters:</u> <input type="checkbox"/> 4-40, 2-theta - organics <input type="checkbox"/> 2-80, 2-theta - inorganics <input type="checkbox"/> Client-specified Conditions: _____
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**Water Analysis By Karl Fischer**

**Mass Spectrometry**

<input type="checkbox"/> Single <input type="checkbox"/> Duplicate 10-100mg (minimum) <u>Method(s)</u> <u>Expected value:</u> <input type="checkbox"/> Coulometric _____ % <input type="checkbox"/> Volumetric _____ % <input type="checkbox"/> Vaporizer Oven _____ % Sample melting point required: _____	(Structural and Molecular Weight Confirmation) <input type="checkbox"/> DEP/MS/CI (mol. weight confirmation) <input type="checkbox"/> ESI/MS (mol. weight confirmation) <input type="checkbox"/> DEP/MS/EI (structural confirmation) <input type="checkbox"/> ESI/MS/MS (structural confirmation) Expected Molecular Weight: _____ Soluble in: _____ GC/MS and LC/MS/MS Also Available
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**Other Quantitative Analysis**

**Other Qualitative Analysis**

<input type="checkbox"/> Single <input type="checkbox"/> Duplicate <input type="checkbox"/> Heavy Metals (USP) - see USP for sample requirements <input type="checkbox"/> Residue on Ignition (USP) (~1g sample required) <input type="checkbox"/> Loss on Drying (~1g sample required) <input type="checkbox"/> Melting Point (~25mg sample required) <input type="checkbox"/> Graphite Furnance Atomic Absorption	<input type="checkbox"/> TGA (10-20mg) Temp. Range _____ (°C) Heating Rate _____ (°C/min) <input type="checkbox"/> FT-IR (2-5 mg) <input type="checkbox"/> Diffuse Reflectance <input type="checkbox"/> KBr Pellet <input type="checkbox"/> Nujol Mull
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Comments: \_\_\_\_\_

\*GMP samples with established specifications require the use of validated methods. For samples with established specifications, please provide a copy (or reference) of the method and any reference to validation data. GMP regulations also require samples be identified with a distinctive code; their source; quantity; and date sample was taken.

**Physical/Chemical Analysis Submittal Form (continued)**

**Placement of Orders/Pricing Information/Terms**

When submitting samples, please provide a hard copy purchase order with a description of the analyses requested. For elemental analysis, a purchase order number may be written on the submittal form. Please indicate the billing address if different from the address to which the report is to be sent. If applicable, include a direct phone number for your billing department. Blanket purchase orders may be arranged for your convenience.

Our 2010 pricing schedule is available upon request, and by signing this submittal form you acknowledge that you have seen/approve of our 2010 pricing.

Major credit cards (American Express, Visa and MasterCard) are also accepted.

Price quotations on a per sample basis may be available in instances where a per hour price is indicated. Special sample handling and sample storage are available for an additional fee. Volume discounts are available in cases where significant numbers of samples are submitted on an annual basis.

Payment terms - Net 30

**Issuing Reports**

Reports will be sent via first class mail or other common carrier. Upon request, results will be shipped by an express mail service of the client's choice, at the client's expense. Data may be transmitted via facsimile or e-mail.

**Sample Disposition**

Should excess sample remain following analysis, it will be returned to the client at the client's expense.

**Compliance with Good Laboratory Practices /Good Manufacturing Practices**

All laboratory services are performed under a comprehensive quality assurance program that includes written procedures for all fundamental operations and a regularly scheduled quality audit program.

At the client's request, all analytical work may be performed in compliance with Good Laboratory Practices (GLP) as described for non-clinical studies in *21CFR Part 58 (FDA)* or Good Manufacturing Practices (GMP) as described in *21CFR Part 211 (FDA)*. A written request for GLP/GMP compliance must accompany submitted samples. Work performed in compliance with GLP/GMP regulations will incur a surcharge, with a minimum report charge, as noted on the Price Schedule. These charges assume that test results from samples submitted at one time can be summarized in a single report. To arrange a Quality Assurance audit of our facility, please contact the Quality Assurance Department.

**Priority Service**

Priority Service is available for expedited turnaround to support your critical deadlines for routine chemical analysis samples. This service is available as indicated on the Price List. Requests for Priority Service must be approved in advance by the Physical/Chemical Analysis Group at Prevalere to ensure proper scheduling.

**Confidentiality**

Both parties agree to secure and protect the confidential information of the other, which includes this submittal form and the pricing list, and to take appropriate action by instruction or agreement with its employees and consultants who are permitted access to this information in order to implement the required security and protection.

**Limit on Liability**

Client shall be responsible for liabilities arising from errors or omissions made by it in the information provided to Prevalere and Prevalere shall be entitled to assume the information provided is accurate.

In no event shall either party be liable to the other for any consequential, indirect, incidental, special, punitive or exemplary damages suffered, arising from or related to this Agreement however caused.

**Acknowledged & Agreed:**

<b>Signature:</b>
<b>Printed Name:</b>
<b>Company:</b>
<b>Title:</b>
<b>Date:</b>