



## GLP Compliance Notification Form

Ship Samples To:  
 Avista Pharma Solutions • Attn: Sample Login  
 104 Gold St. • Agawam, MA 01001  
 Email: login-ma@avistapharma.com

### For Internal Use Only

Sample #:	
Rec'd by Date/Time	
Rec'd Via:	

Billing / Requestor Information			
PO #:		Quote #: (if applicable)	
Report Attn:		Send Invoice To:	
Company:		Company:	
Address:		Address:	
City/State/Zip		City/State/Zip:	
Phone:		Phone:	
E-mail:		E-mail:	
Turnaround Time:	<input type="checkbox"/> Standard TAT <input type="checkbox"/> Tier 1 STAT (50% surcharge/test) <input type="checkbox"/> Tier 2 STAT (100% surcharge/test) <input type="checkbox"/> Tier 3 STAT (200% surcharge/test)		

Test Article Information and Required Testing					
Quantity	Lot #	Sample Description <small>(use description desired on final report)</small>	Test Code	Test Specification	Client SOP # <small>(if applicable)</small>

Test Article Handling Information					
Shipping Condition:	<input type="checkbox"/> Ambient <input type="checkbox"/> On ice <input type="checkbox"/> On dry ice	Storage Condition:	<input type="checkbox"/> Ambient <input type="checkbox"/> 2 – 8 °C <input type="checkbox"/> - 15 - -25 °C <input type="checkbox"/> -55 - -95 °C		
Sample Characteristics: <small>(check all that apply)</small>	<input type="checkbox"/> Hazardous (fill out below)		<input type="checkbox"/> Controlled Substance (fill out below)		
	<input type="checkbox"/>	Hazard 1		<input type="checkbox"/>	DEA #
		Hazard 2			DEA Schedule
Sample Disposition:	<input type="checkbox"/> Discard all samples		<input type="checkbox"/> Return All Samples*		<input type="checkbox"/> Return unused portions only*
	<small>*Return via:</small> <input type="checkbox"/> FedEx <input type="checkbox"/> UPS		Shipping Account #		



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### For Biocompatibility Test Only: N/A

Extracts to Use	Temperature Requirements
Avista routinely uses 0.9% NaCl and Cottonseed oil / Vegetable oil.	Avista routinely uses 70°C for extraction.
Does your product have compatibility issues with these? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate which of the following to use) <input type="checkbox"/> Alcohol / 0.9% NaCl <input type="checkbox"/> Polyethylene glycol <input type="checkbox"/> Other	Does your product have compatibility issues at this temperature? <input type="checkbox"/> No <input type="checkbox"/> Yes (define the max temperature)

### For Aging Studies Only: N/A

Storage Requirements	Length of Study	Pull Times
Temperature:		
Humidity:		

### Additional Testing Comments

N/A

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

I have read and agree to the General Terms and Conditions as listed in the quotation.  
 A GLP Compliance Notification Form and Purchase Order (PO) must be submitted with the product to initiate product testing services.  
 Failure to submit completed GLP Notification Form or include a PO may result in testing delays.