

**SAMPLE SUBMISSION FORM**

Samples cannot be scheduled for testing until **ALL** information below is provided.

F-169.01

PO#: \_\_\_\_\_ Quote #: \_\_\_\_\_

BILL TO	REPORT TO
Company: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	Phone: _____ Fax: _____
_____	Email: _____

**Expedited Service**      **Note: Rush service must be arranged with MML prior to sample submittal.**

Normal     
  4-6 Days     
  72 hours     
  48 hours     
  24 hours     
  Same day  
*7-10 business days\*    Up to 30% extra    50% extra charge    75% extra charge    100% extra charge    200% extra charge*  
\*Medical devices and special projects TAT is approximately 10-20 business days and is project dependent.

**An MSDS is required for all samples submitted.**  
**Samples that require special handling, precautions, and/or disposal will incur a minimum handling fee of \$50.**

<input type="checkbox"/> Return Sample <input type="checkbox"/> Return Cooler or Temp. Monitor Account #: _____ <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> _____	\$10 minimum fee (plus shipping charges) for return of samples/coolers. Customer may provide account number to cover shipping charges (\$10 fee still applies)
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No.	Sample Description / Sample Name	Lot No.	Fill Vol.	# Container(s)	Test Code	Specifications	Method**
1							<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
2							<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
3							<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
4							<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
5							<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other

\*\*LO: Light Obscuration, MM: Microscopic Membrane

<b>Storage requirements:</b> <input type="checkbox"/> Room temperature <input type="checkbox"/> 2°C to 8°C (Refrigerated) <input type="checkbox"/> -15°C to -20°C (Freezer) <input type="checkbox"/> Other (please specify) _____	<b>Special Instructions:</b> _____ _____ _____
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**Note:** All samples are discarded 30 days after testing.

**Ship samples to:**  
 Micro Measurement Laboratories, Inc.  
 1300 South Wolf Road  
 Wheeling, Illinois 60090

Testing Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed to allow testing to begin).