



Micro Measurement Laboratories, Inc.

1300 South Wolf Road, Wheeling, Illinois 60090 • 847-459-6540 • Fax 847-459-3088
e-mail: lab@mmlabs.com • web-site: www.mmlabs.com

SAMPLE SUBMISSION FORM F-169.05

MML Project #: _____ (Internal use only)

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

PO#: _____

Quote #: _____

Billing Information	REPORT TO Reports will be sent as PDF via Email
Company: _____ Address: _____ _____	Name: _____ Address: _____ _____
<i>For Credit Card payment please fill out below:</i> <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex Credit Card# _____ Name on Card: _____ Exp. Date: _____ Security code: _____	Phone: _____ Fax: _____ Contact Email: _____ ccEmail to (if needed): _____

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

- Normal 7-10 business days* 4-6 Days Up to 30% extra 72 hours 50% extra charge 48 hours 75% extra charge 24 hours 100% extra charge Same day 200% extra charge

*Medical devices and special projects T.A.T. is normally 10+ business days and is project dependent.

Samples that require special handling, precautions, and/or disposal will incur a minimum handling fee of \$50.

- Discard Sample Return Sample Return Cooler Return Temp. Monitor Note: All sample containers are discarded 30 days after testing.

Note: Customer may provide account number to cover shipping charges (Plus \$10 minimum fee) for return of Coolers/Temperature Monitor/ Samples.

Return by: FedEx UPS Other: _____ Account #: _____

	Sample Name/Sample Description* An MSDS is required for all samples submitted	Lot No. or Customer's Reference #	Fill Vol.	# Container(s)	Test Code	Specifications	Method**
1	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> Ot Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
2	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> Ot Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
3	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> Ot Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other
4	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> Ot Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> USP LO <input type="checkbox"/> USP MM <input type="checkbox"/> FT-IR <input type="checkbox"/> Sizing <input type="checkbox"/> Other

*GMP: GMP Release, SS: Stability Sample, R&D: Research & Development
RT: Retest, OOS: Anticipated OOS, IP: In-Process, Ot: Other

**LO: Light Obscuration, MM: Microscopic Membrane

Storage requirements: <input type="checkbox"/> Room temperature <input type="checkbox"/> 2°C to 8°C (Refrigerated) <input type="checkbox"/> -5°C to -25°C (Freezer) <input type="checkbox"/> Other (please specify) _____	Special Instructions: _____ _____ _____
---	---

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

Testing Authorized By: _____ Date: _____
(Signature Required)