



## CHAIN OF CUSTODY

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Sample Submission – Please ship samples with Priority Overnight or Standard Overnight Shipping. **For Saturday delivery, make prior arrangements with Azzur Labs and choose the Saturday Delivery/ First Priority overnight or Early AM options.** Ship samples according to storage requirements. If the samples require refrigeration, ship them in an insulated container with ice packs. Do not allow ice packs to come in contact with samples. Include a return shipping label if you would like your ice packs and box returned.

Please visit [azzurlabs.com/contact-us](http://azzurlabs.com/contact-us) for shipping address for the lab location of your choosing.

|   |  |                 |                 |
|---|--|-----------------|-----------------|
| Submitted By (Signature)                              |  | Date            |                 |
| Company Name  |  | PO#             | Submission Date |
| Contact Name, Name of Person Sampling and/or Shipping |  | Contact Email   |                 |
| Report To Name  |  | Report To Email |                 |

| For AL Use Only<br>Extension<br>Number | Sample Name /<br>Sample ID | Controlled<br>Substance? | Sample Date | Lot Number | Test(s) Requested<br>Include STAT testing, if<br>required | Product type<br>e.g. parenteral,<br>ophthalmic, etc | Total amount<br>submitted<br>for testing | Requested<br>amount to<br>test | Acceptance<br>Criteria | Guidance<br>Document<br>eg USP 61,<br>1231 | Antibiotic<br>and/or<br>preservative<br>added? | Suitability<br>Testing<br>Completed<br>within the<br>last year? | Storage |
|--|----------------------------|--------------------------|-------------|------------|---|---|--|--------------------------------|------------------------|--|--|---|---------|
|  |                            | O Yes<br>O No            |             |            |   |   |  |                                |                        |  | O Yes<br>O No                                  | O Yes<br>O No   |         |
|  |                            | O Yes<br>O No            |             |            |   |   |  |                                |                        |  | O Yes<br>O No                                  | O Yes<br>O No   |         |
|  |                            | O Yes<br>O No            |             |            |   |   |  |                                |                        |  | O Yes<br>O No                                  | O Yes<br>O No   |         |
|  |                            | O Yes<br>O No            |             |            |   |   |  |                                |                        |  | O Yes<br>O No                                  | O Yes<br>O No   |         |
|  |                            | O Yes<br>O No            |             |            |   |   |  |                                |                        |  | O Yes<br>O No                                  | O Yes<br>O No   |         |

If anything has changed during the manufacture/processing of any product, please contact Azzur Labs so that it can be determined if the suitability needs to be repeated. Turnaround time: Most samples are set up the same day (EM, Water etc). Stat testing- Azzur Labs, LLC will set up the same business day if given 72 hours notice and received by the agreed upon time. Stat reporting- Azzur Labs, LLC will issue a final report within 24 hours or 5 days of completed testing. Next day- Samples will be set up next business day. Weekend or Holiday- Azzur Labs, LLC will set up the testing on the weekend or holiday if given 72 hours notice and if it is received by the agreed upon time. All of these expedited services will incur an additional charge. By submitting samples to Azzur Labs, LLC you agree with the terms and conditions found at: <http://www.azzur.com/labs/terms-and-conditions> Please contact Azzur Labs, LLC if you would like more information.

|                                      |                    |  |
|--------------------------------------|--------------------|--|
| <b>To be completed by Azzur Labs</b> | Report ID          |  |
| Received By / Date                   | Reviewed By / Date |  |