

**Internal Use Only**  
**SAMPLE SUBMISSION FORM**

Client ID \_\_\_\_\_

Date Received: \_\_\_\_\_

Job # \_\_\_\_\_

Logged by: \_\_\_\_\_



1-877-CLONGEN

**Biotech Testing Submission Form**

Please complete one form for multiple samples if testing, hazard level and storage conditions are identical. **All samples should be sent to: Clongen Laboratories, LLC; NEW ADDRESS: 211 Perry Parkway, Suite 6, Gaithersburg, MD 20877**

**Client Information (Must be completed)**

Send Results to (Mailing Address):		Bill to:	<input type="checkbox"/> Check box if same as mailing address
<b>Contact Information</b>	Firm Name:	Firm Name:	
	Address:	Address:	
	Contact Person:	ATTN:	
	E-mail:	E-mail:	
	Phone:	Phone:	
	Fax:	Fax:	

**Please call 1-877-CLONGEN if you need assistance**

Please write your sample ID EXACTLY as you want it to appear on the Final Report:

Sample ID	New Submission (Yes/No)	Vol./Wt.	# Units	Protocol #
1) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
2) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
3) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
4) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

**For Clongen Labs. Use ONLY:**

CL ID: \_\_\_\_\_  
 CL ID: \_\_\_\_\_  
 CL ID: \_\_\_\_\_  
 CL ID: \_\_\_\_\_

**Sample Information**

<p><b>HAZARD STATEMENT (Required Information)</b>                  Indicate N/A if inapplicable                  Radioactivity:  <i>(Isotope, if applicable)</i>                  Chemical:  <i>(Acid, Strong Base, Flammable)</i>                  Biological:  <i>(Carcinogenic, Pathogenic, Infectious)</i></p>	<p><b>STORAGE CONDITIONS:</b></p> <p><input type="checkbox"/> Room Temperature (15o C to 30o C)  <input type="checkbox"/> Refrigerated (2o C to 8o C)  <input type="checkbox"/> Frozen (-15o C to -25o C)  <input type="checkbox"/> Ultracold (-60o C to -80o C)  <input type="checkbox"/> Liquid Nitrogen (-100o C to -196o C)</p>
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<p><b>COMPLIANCE STATEMENT</b></p> <p><input type="checkbox"/> Non-GLP <input type="checkbox"/> GLP</p> <p><input type="checkbox"/> GMP <input type="checkbox"/> Non-GMP</p>	<p><b>SAMPLE DISPOSITION:</b> <i>(Remaining sample will be discarded 60 days from report date unless return is requested)</i></p> <p><input type="checkbox"/> Discard Sample <input type="checkbox"/> Return Sample <i>(Client FedEx account # required)</i>                  Client FedEx # _____</p>
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**THE SAMPLE CAN BE DESCRIBED AS:**

Cell Line  Unprocessed Bulk  Purified Bulk  Final Product Other

**CONTROLS INCLUDED:**

POSITIVE  Yes  No, If Yes, Control ID: \_\_\_\_\_

NEGATIVE  Yes  No, If Yes, Control ID: \_\_\_\_\_

**Testing Laboratory Agreement:** Clongen laboratories considers the signed protocol an agreement with the client on the provided services. Clongen Laboratories implements the protocols signed by the client and performs all assays according to Standard Operating Procedures.

**Signatures**

Sponsor: \_\_\_\_\_  
 Date: \_\_\_\_\_

Study Director: \_\_\_\_\_  
 Date: \_\_\_\_\_