Biotech Testing Submission Form

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| 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: | Check box if same as mailing address | | ***Contact Information*** | 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:***  For Clongen Labs. Use ONLY:  CL ID: \_\_\_\_\_\_\_\_\_\_\_  CL ID: \_\_\_\_\_\_\_\_\_\_\_  CL ID: \_\_\_\_\_\_\_\_\_\_\_  CL ID: \_\_\_\_\_\_\_\_\_\_\_  ***Sample ID New Submission Vol./Wt. # Units Protocol #***  ***(Yes/No)***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1) | Yes No |  |  |  | | 2) | Yes No |  |  |  | | 3) | Yes No |  |  |  | | 4) | Yes No |  |  |  | | | | | |
| Sample Information | | | | |
| **HAZARD STATEMENT** (**Required Information**) Indicate N/A if inapplicable Radioactivity:  *(Isotope, if applicable)*  Chemical:  *(Acid, Strong Base, Flammable)*  Biological:  *(Carcinogenic, Pathogenic, Infectious)* | | STORAGE CONDITIONS: | | Room Temperature (15o C to 30o C)  Refrigerated (2o C to 8o C)  Frozen (-15o C to –25o C)  Ultracold (-60o C to –80o C)  Liquid Nitrogen (-100o C to –196o C) |
| COMPLIANCE STATEMENT  Non-GLP  GLP  GMP  Non-GMP | SAMPLE DISPOSITION: *(Remaining sample will be discarded 60 days from report date unless return is requested)*  Discard Sample  Return Sample (*Client FedEx account # required*)  Client FedEx #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |