

Microbac Laboratories, Inc.

Southern Testing & Research Division

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To E-mail us, visit our Website: www.southerntesting.com

STR# _____
(For STR Use Only)

Pharmaceutical Sample Submission

Page ____ of ____

Please Fill Out All Applicable Items (except those marked STR use only)

Company: _____

Date Submitted: _____

Contact: _____

STR CONTACT: _____

Address _____

STR Quote No: _____

C, S, Z: _____

Turnaround Time Requested (Circle selection) **Surcharge**

Phone _____ FAX # _____

• Standard (usually 10 business days) None _____

E-mail _____

• Rush ** (5 business days) 50% _____

Invoice Address (If different from above) _____

• Emergency Rush** (2 business days) 100% _____

** Must be approved by Department Manager

Method of Payment:

PO # _____ Visa / MC # _____ Exp/Date: _____ Check: _____
(Circle Visa or MC)

Ship All Samples: Attention Sample Administration

Storage Requirements (place X on line) _____ Room Temp. _____ Refrigerate _____ Freeze _____
Special handling Instructions (Place X on line of all that apply): _____ NA _____ Controlled Substance _____ Hazardous (include MSDS) _____
Other _____

Special Testing Instructions (include method, # of replicates, sample compositing instructions, etc. as applicable): _____

Sample Description	Sample Marks include label claim(s) if applicable	Analyses Requested	Specifications or Expected Levels (circle one)	STR # (for STR use only)

Submitted by: _____
(Signature)

Additional Information: _____

Condition Upon Receipt: _____
(STR use only)

Received by: _____
(STR use only)

Date/Time Received: _____
(STR use only)