

SAMPLE SUBMISSION FORM
 F-169.09

MML Project #: _____ (Internal use only)

*Samples cannot be scheduled for testing until **ALL** information below is provided. Please include a copy with the shipment.*

PO#: _____

Quote #: _____

BILL TO	REPORT TO Reports will be sent as PDF via Email to Company below
Company: _____ Address: _____ _____	Company: _____ Address: _____ _____
AP Contact: _____ AP Email: _____ AP Phone #: _____	Contact Name: _____ Phone #: _____ Contact Email: _____ CC Email to: _____ (if needed)
Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Mail Invoice <input type="checkbox"/> Email Invoice Invoice or Credit Card receipt will be provided to contact above.	

Standard Turnaround Time is 7-10 Business Days*.

Expedited Service must be arranged with MML prior to sample submission.

Please email: AnalyticalTesting@mmlabs.com

**Medical devices and special projects T.A.T. are 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 for return of Coolers/Temperature Monitor/ Samples.

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

#	Sample Name/Sample Description** An SDS is required for all samples submitted	Lot # or Customer's Reference #	Fill Vol.	# Container(s)	MML Test Code (From quote)	Test Method/ Procedure
	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					
	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					
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**GMP: GMP Release, SS: Stability Sample, R&D: Research & Development, RT: Retest, OOS: Anticipated OOS, IP: In-Process, OT: Other

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: _____ _____ _____
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*** Special storage conditions must be arranged with MML prior to sample submission.

**** Include page numbers when sending more than 4 samples. All samples listed on one page or pages of a multi-page SSF will be included on one report. List samples on a separate SSF form when you wish those samples to be included on a separate report.

Ship samples to:

Attn: Testing Department
 Micro Measurement Laboratories, Inc.
 1300 South Wolf Road, Wheeling, Illinois 60090

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