



SAMPLE SUBMISSION FORM

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SHIELDS PHARMA INC.

Client Information

Client PO No.	<input type="text"/>	Client No. (If Applicable)	SPC - <input type="text"/>	Date	<input type="text"/>
Company Name	Billing Address (If Different)				
Address	Address				
City	Province/State	City	Province/State		
Postal/Zip Code	Country	Postal/Zip Code	Country		
Requested By			Bill To		
Name	Title	Name	Title		
Phone	Ext.	Phone	Ext.		
Email	Email				

Service Options (Prior approval required for Rush and Express analysis) *Additional charges may apply

Service Option	Report Delivery Method	Sample Disposition
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Sample Information (Use additional Sample Submission Form when exceeding 10 samples)

Sample Type	Material Stage	Sample Handling	Storage Condition
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No.	Sample Name	Client (L) No.	Quantity	SPR No. (For Office Use Only)	SIN No. (For Office Use Only)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

No.	Required Analysis	Method	Method Attached	Specification
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Sample deliveries: Monday - Friday (except holidays) 9:00 am to 4:00 pm). For terms & conditions please visit: <https://shieldspharma.com/sample-submissions/>

Requester Signature	<input type="text"/>	Date	<input type="text"/>
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For Shields Pharma Office Use Only

Analysis Authorized By	Signature	Date
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