

Life Science Laboratories - Rush

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Send Final Report To:

Company _____
 Attention _____
 Address _____
 City _____ State _____
 Zip _____ Country _____
 Phone _____ Fax _____
 Email _____

Billing Information:

Address (If different than report to) _____

 Purchase Order # _____
 Quote # / Cost _____
 Sample Replacement Value _____

Test Name/ Guideline (AAMI, ISO, etc.)	Number of Samples	Product Name	Part Number	Lot Number

Customer Supplied Procedure (Revision Level _____)

Applicable Departments (please X all that apply)

Toxicology Microbiology / BI / Reusables Analytical Chemistry

Storage Conditions

room temperature
 refrigerate (2-8°C)
 freeze (-10 to -25°C)
 other _____

Sample Disposition*

discard
 return unused sample
 return used and
 unused sample

***Product will be destroyed
 unless otherwise indicated**

Return Instructions

UPS
 FedEx
 other _____
 account _____

Submitted Material Type

Medical Device
 Pharmaceutical
 other _____

Special Instructions _____

Samples Received Sterile

yes, processed by indicated method
 no, process per selected method
 NA

Sterilization Method

EtO
 steam
 gamma
 other _____

Results to be Released By

email (pdf)
 fax
 US mail
 UPS or FedEx account _____

Contact for questions pertaining to testing _____

Comments _____

Sponsor Authorization _____ Date _____

Unless other arrangements have been made, payment terms are net 30, quotes are valid for 30 days, prices are FOB Moog Medical Devices Group, Life Sciences Laboratories and are valid for 6 months after acceptance of the quote.

Internal Use Only

Received By _____ Date _____
 Approved By _____ Date _____
 Test Number(s): _____