**SAMPLE SUBMISSION FORM (Chinese Medicine/Pharmaceutical Test)**

Note: *The following information is required to expedite sample analysis. Please complete all the necessary details and return this form with your samples. Test(s) will not be started until a COMPLETED form is received.*

# Items will be subject to additional charge and needed further confirmation & arrangement.

### Reporting information for Final Report

*Company Name: ________________________

*Client Contact:

Name: __________________________ Email: __________________________

Tel: __________________________ Fax: __________________________

*Report address to:

*Report to be received: □ Soft copy only □ Hard copy only (Additional quantity ____ ) □ Soft copy and Hard Copy

*Report Language: □ Full English □ Chinese Sample ID in English report □ # Others ________________

### Soft Copy Report Delivery (if different from above)

*Client Contact (1st): Name: __________________________ Email: __________________________

*Client Contact (2nd): Name: __________________________ Email: __________________________

### Postal information (if different from above)

*Company Name: __________________________

*Client Contact:

Name: __________________________ Tel: __________________________

*Postal Address: __________________________

### Billing information for Invoice (if different from reporting information for final report)

*Company Name: __________________________

*Client Contact:

Name: __________________________ Email: __________________________

Tel: __________________________

*Invoice address & postal to: __________________________

*Purchase Order/ Client Order No: __________________________

*ALS Quotation No: __________________________

*Project Name/No: __________________________

### Sampling and Delivery

Sampling by: □ Client □ # ALS □ others: __________________________

*Sample(s) delivered by: □ Client □ # ALS □ others: __________________________

Return sample after test: □ No □ Yes

*Expected TAT (Working days): □ Regular (7-10) □ #Express (5) □ #Double Express (3) □ #Other (__________)

### SAMPLE ANALYTICAL REQUIREMENTS

**Supplementary sheet attached: □ Yes, _______ pages □ No**

**Product Name:** __________________________

**Form of Product:**

□ Capsule □ Granule □ Pill □ Tablet □ Powder □ Syrup □ Oil □ Others: __________________________

**Lot Number:** __________________________

**Quantity Received:** __________________________

**Production Date:** __________________________

**Expiry Date:** __________________________

**Physical Appearance:** __________________________

**Dosage:** __________________________

**g or ml per dose, dose per day**

**Antimicrobial agent**

(Only for microbial tests) □ No □ Uncertain □ Yes, please provide details:

**Analysis Required**

□ Microbial Limit test □ Heavy metals and toxic element test □ Pesticide residues test □ Others: __________________________

### SAMPLE RECEIPT INFO: (Laboratory Use Only)

<table>
<thead>
<tr>
<th>Sample Received Date &amp; Time:</th>
<th>Submission Form Received Date &amp; Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Package: Esky ( )/ Plastic Bag ( )/ Foam box ( )/ Others: __________________________</td>
<td>( )/ ( )/ ( )/ ( )/ NA</td>
</tr>
<tr>
<td>Received Condition: Ambient / Chilled / Frozen</td>
<td>Ice Brick / Ice: __________________________</td>
</tr>
<tr>
<td>Yes / No</td>
<td>__________________________</td>
</tr>
<tr>
<td>Sample Container Type: Original Package ( )/ Plastic Bag ( )/ Others: __________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Tray No:</td>
<td>Sorting Date &amp; Time &amp; Login Staff Name: __________________________</td>
</tr>
</tbody>
</table>