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## SAMPLE SUBMISSION FORM

Colmaric Analyticals Contact: \_\_\_\_\_

### *Sponsor/Client Information*

Company Name: \_\_\_\_\_

Sender: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Product Name	Lot Number	Active Ingredient	Type of Test (Assay, ID, etc)	Method of Analysis (HPLC, etc)	Specification Limits

### *Safety Information (must complete)*

Is special handling needed? (Example is the sample light sensitive, carcinogenic)

Yes       No

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### *For Colmaric Analyticals Use*

Sample Received by: \_\_\_\_\_ Date: \_\_\_\_\_