



ANALYTICAL REPORT INFORMATION⁽¹⁾

Purchase Order#:
 Company Name:
 Report Contact:
 Street Address:
 Street Address:
 City, State, Zip:
 Phone:
 Email:

CSL Quote:

SAMPLE SUBMISSION INFORMATION⁽¹⁾

Matrix:
 Powder Liquid Solid Water Ingestible Unit Other

Turnaround Request: (In Business Days)
 5 Days 4 Days 3 Days 2 Days 1 Day Other(specify)

Attachments:
 MSDS None Other

Is there a validation for the product at Chemical Solutions Ltd?
 Yes No Unknown

Are the results of this testing in support of the release of drug products in the marketplace?
 Yes No Unknown

Is this sample suitable for Disposal in a sanitary landfill AND should CSL dispose of the sample?
 Yes No (please specify)

I have read, understand, and agree to the SGS Terms and conditions
 Yes No

INVOICING INFORMATION (complete if different from above)

Company Name:
 Invoice Contact:
 Street Address:
 Street Address:
 City, State, Zip:
 Phone:
 Email:

Sample Description ⁽¹⁾	Lot/Batch#	Serving Size	Element ⁽¹⁾	Method ⁽²⁾⁽⁴⁾	Min Report Level (PQL) ⁽²⁾	Target Levels Specification ⁽³⁾	Reporting Units ⁽²⁾

Special Requirements:



CHEMICAL SOLUTIONS LABORATORIES, INC.

Please mail samples to: SGS North America
 Inc. 931 N 7th St
 Harrisburg, PA 17102

⁽¹⁾ Required fields for sample submission ⁽²⁾ If left blank, the laboratory will use its best judgement in choosing the appropriate information
⁽³⁾ Include only if they are specifically required for this current submission ⁽⁴⁾ Options are ICP-MS, ICP-OES, or client provided method