



MICROMED
LABORATORIES

SAMPLE SUBMISSION FORM

Company: _____
Address: _____

Phone Number: _____
Fax Number: _____

Contact: _____
As it should appear on the test report

E-mail: _____
This address will be used to send the scanned test report

Test Requested: _____

STAT TESTING (Add 50% of test cost, samples must be submitted before 2pm for same day results)

Sample Description: _____
As it should appear on the test report

Part Number: _____ Lot Number: _____
Quantity Submitted: _____ Test Individually Pooled

Sterilized Product: Radiation Ethylene Oxide Other: _____ N/A
Please indicate

PYROGEN TESTING ENDOTOXIN LIMITS

CSF (Cerebral Spinal Fluid) Blood Flow Contact Other Limit: _____ N/A
Please indicate

Please specify handling requirements:

Hazardous Material Room Temperature Other Temperature: _____ N/A
Please indicate

Special Instructions: *Please use this section only for instructions related to special sample preparation, testing instructions, etc.*

All samples will be discarded after completion of test, unless otherwise indicated below.

Sample Retention: Return Samples Discard Samples Retain Samples
Please supply your UPS or FedEx# for sample return: _____

Insured Shipping **Enter amount to be insured:**
N/A YES

Purchase Order Number: _____
Please include a copy of your PO with this form

MicroMed Quote Number: _____
Please include a copy of your Quote with this form.

Authorized By: _____
Signature

Date

Lab Number: _____
For MicroMed Use Only

Send all samples for testing with attention to: Lab Testing