



RTP Facility

Sample Submission Form

Complete one form (or same information) for each set of samples and **return with samples** to:
Sample Coordination, Magellan Laboratories Incorporated, 160 Magellan Lab Ct., Morrisville, NC 27560

Magellan Contact

Person at Magellan with knowledge of the samples _____

Sponsor Information

Company: _____ Sponsor Code(if known): _____

Sender: _____ Telephone: _____

Fax: _____ e-mail: _____

Project Information

Please provide a Quote number (QTE) and/or Test Protocol number (TTP) if available.

Quote No. (QTE-XXX-0000): _____ Test Protocol No. (TTP-XXX-M0000): _____

Description of Testing in Protocol (Do not include additional testing instructions) _____

Sample Description (use a single sheet for multiple lots of identical product, attach additional sheets as necessary)

Product: _____ Dosage Form: _____

Active: _____ Strength: _____

Lot No(s): _____ Container: _____

Other Sample #: _____ Closure: _____

Hold Condition upon arrival(°C/RH): _____ Unit (bottle, vial, etc.): _____

Total Units Sent: _____ Amount/Unit: _____

Other (Sponsor Stored Stability Samples, Process Validation, etc.)

Time Point: _____ Stability Condition (at Sponsor): _____

Orientation: _____ Other: _____

Additional Sample Information: _____

Safety Information (must be completed)

Is special handling needed? (e.g. controlled substance, teratogenic, carcinogenic, etc.) YES ___ NO ___

If YES, please describe: _____

Note: If controlled drug substance, consult your project development representative before shipping samples.

Samples Received by: _____ Date: _____

Sample Coordination – File in DCU when login complete.