SCHOTT pharma services

Sample Submission Form for Laboratory Testing

Company name: ___________________________ Contact person: ___________________________

Phone #: ___________________________ Email: ___________________________

Service request/type: ____________________________________________________________

Circle one: Ampoule  Cartridge  Vial  Syringe  Other → (describe ________________________)

Number of Ampoules/Cartridges/Vials/Syringes/Other: _____pcs.

Batch / Lot number _______________ Volume of filling _____mL
Nominal Fill Volume of container: _____mL

Circle one: Empty (never filled)  Emptied  Placebo  Drug Product (fill volume): _______

Drug Product Name: ______________________________________________________________

Samples from storage test: yes / no  2-8°C  25°C  30°C  40°C  60°C other:____ Duration:_______
Orientation: Upright  Inverted  On Side
Cooled transportation: yes / no  Storage condition after sample receipt: 2-8°C  25°C  40°C  60°C

MSDS/safety data sheet required for filled containers with placebo or drug product and for emptied
containers that were filled with drug product  MSDS/safety data sheet included  yes / no

Do samples need to be returned? ______  If yes, carrier & acct. #: _______________________:
Return sample shipping address:

Quotation #: ___________________________ P.O. #: ___________________________

Signature: ___________________________ Date: ___________________________

Shipping Information: Please ship your samples to the laboratory location given in the quotation and
include in the shipment this form on the outside of the package with the shipping paperwork (e.g. pro-
forma invoice). Please use incoterms: “Delivered at Place (DAP)”.

Laboratory - Germany
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*** Please attach this sample submission form on the outside of the shipment for customs inspection. ***