|  |  |
| --- | --- |
| Company:       | Sponsor Contact Name:       |
| Sponsor Contact e-mail:       | Sponsor Contact Phone:       |
| APL Contact Name:       | PO or Protocol Number:       |
| Requested Testing:       |

**Note to Submitter:**

**- Remember, nearly all our assays require that you include buffer. If there is more than one, please indicate which buffer goes with which sample(s).**

**- For KBI internal shipments please put the KBI project # and project name in the PO # box above.**

**- All materials should be clearly labeled. Please indicate if samples are DP (Drug Product), DS (Drug Substance), RS (Reference Standard), Other sample type, or Buffer.**

**- Please use ONE LINE per Sample.**

**- Please note any special handling conditions.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Material** | **Description** | **Lot Number** | **Conc.****(mg/mL)** | **No. of Containers** | **Volume per Container** | **# of****Replicates** | **Storage Conditions** |
| **DP** | **DS** | **RS** | **Other** | **Buffer** |  |  |  |  |  |  | **Ambient** | **2-8˚C** | **-20˚C** | **-80˚C** |
|[ ] [ ] [ ] [ ] [ ]        |       |       |       |       |       |[ ] [ ] [ ] [ ]
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| **Notes:**  |