

Please include this form with all samples.

SAMPLE SUBMISSION FORM

COMPANY NAME: _____	CONTACT NAME: _____
ADDRESS: _____	PHONE: _____
ADDRESS: _____	E-MAIL: _____

If test and control articles must be stored separately, please mark the relevant column. If samples can be stored together, do not mark boxes. If not marked, samples will be stored together.

Storage conditions will be assumed to be ambient and non-hazardous unless noted.

Please note temperature and humidity if relevant. Include if special storage (such as flammable storage) is required. Note specific hazards above a category of 2.

If you wish the sample to be retained after testing (rather than destroyed after the 90 day quarantine period) please mark the retain box.

Samples must arrive by 10:00 AM EST for the project to begin that day. Projects with samples received after 10:00 AM EST will begin the following business day. Lead time estimates are based on business days and do not include holidays or weekends. Please confirm the project lead time with the principal investigator.

CPG ID# (CPG use)	Qty	Sample Name as labelled and additional description if relevant	Test Requested	Control article	Test article	Storage Conditions	Hazards	SDS attached?	Controlled substance?	Retain?
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Purchase Order #: _____ QUOTE #: _____ Sample Return: Yes No If yes, CARRIER/ACCT #: _____

Note: Formal Purchase Order Required

Samples will be discarded within 90 days if not requested for return. Please note that a storage fee may be assessed for storage times longer than 6 months. Controlled substances will not be returned and will be destroyed.

Note: All biological specimens must be sterilized prior to shipment and must include a certificate of sterilization. Please include any available SDS. Please place this form and all included information behind the shipping waybill on the outside of the box.

Add additional information for Cambridge Polymer Group's receiving department. This form is intended to assist receiving in handling your samples accurately and safely. Please do not include any critical information about the samples or the project on this form without additionally communicating this information directly to the principal investigator at Cambridge Polymer Group. Changes to work scope requested on this form are not considered binding, the purchase order and associated quote will be the definitive description of what work is being performed on the project. Please note that a storage fee may be assessed for storage times longer than 6 months.

For Controlled Substances: DEA Registration #: _____ DEA CONTACT: _____ DEA CONTACT E-MAIL: _____

COMMENTS: _____

Please include this form with all samples.

SAMPLE SUBMISSION FORM

FOR CPG USE (Use additional pages as needed.)

Qty Received: _____ Qty Inspected: _____ Qty Accepted: _____ Qty Rejected: _____ By: _____ Date: _____ PROJECT #: _____ CPG CONTACT: _____

For all samples shipped to Cambridge Polymer Group for analysis or testing, please include a completed copy of the Sample Submission Form. Follow the instructions below for submitting samples to Cambridge Polymer Group.

When sending samples to the lab for analysis or testing:

1. Complete Sample Submission Form. Place forms behind the shipping waybill on the outside of the box. *(Please include Quote Number on the form and attach a copy of the Purchase Order, if available.)*
2. Ship samples and submission form to:

Cambridge Polymer Group, Inc.
Attn: Sample Submission
100 TradeCenter Drive
Suite 200
Woburn, MA 01801
Ph: 617.629.4400
3. If you would like your samples returned, you must include your carrier account number on the Sample Submission Form.
4. When submitting samples for multiple tests, please place different samples in the box in separate bags to avoid errors.
5. Please include an SDS for all chemicals shipped if possible, but in no case should hazardous chemicals be shipped without an SDS. This information should be placed in the waybill holder on the outside of the shipping container.
6. A confirmation of receipt from Cambridge Polymer Group will be sent to the contact as listed on the sample submission form.