



# Micro Measurement Laboratories, Inc.

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## SAMPLE SUBMISSION FORM F-169.07

MML Project #: \_\_\_\_\_ (Internal use only)

Samples cannot be scheduled for testing until **ALL** information below is provided.

PO#: \_\_\_\_\_

Quote #: \_\_\_\_\_

Billing Information	REPORT TO Reports will be sent as PDF via Email
Company: _____ Address: _____ _____	Name: _____ Address: _____ _____
<i>For Credit Card payment please fill out below:</i> <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex Credit Card# _____ Name on Card: _____ Exp. Date: _____ Security code: _____	Phone: _____ Fax: _____ Contact Email: _____ ccEmail to (if needed): _____

**Expedited Service Note: Rush service must be arranged with MML prior to sample submittal.**

Normal 7-10 business days\*    
 ≤ 6 Days Add 30%    
 72 hours Add 50%    
 48 hours Add 75%    
 24 hours Add 100%    
 Same day Add 200%

*\*Medical devices and special projects T.A.T. is normally 10+ business days and is project dependent.*

Samples that require special handling, precautions, and/or disposal will incur a minimum handling fee of \$50.

Discard Sample   
 Return Sample   
 Return Cooler   
 Return Temp. Monitor   
 Note: All sample containers are discarded 30 days after testing.

Note: Customer may provide account number to cover shipping charges (Plus \$10 minimum fee) for return of Coolers/Temperature Monitor/ Samples.

Return by:  FedEx  UPS  Other: \_\_\_\_\_ Account #: \_\_\_\_\_

	Sample Name/Sample Description* An MSDS is required for all samples submitted	Lot No. or Customer's Reference #	Fill Vol.	# Container(s)	MML Test Code/ Guideline	Test Method
1	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> OT Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> OT Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> OT Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No					
4	Sample Type <input type="checkbox"/> GMP <input type="checkbox"/> SS <input type="checkbox"/> R&D <input type="checkbox"/> RT <input type="checkbox"/> OOS <input type="checkbox"/> IP <input type="checkbox"/> OT Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No					

\*GMP: GMP Release, SS: Stability Sample, R&D: Research & Development  
RT: Retest, OOS: Anticipated OOS, IP: In-Process, OT: Other

Storage requirements: <input type="checkbox"/> Room temperature <input type="checkbox"/> 2°C to 8°C (Refrigerated) <input type="checkbox"/> -5°C to -25°C (Freezer) <input type="checkbox"/> Other (please specify) _____	Special Instructions: _____ _____ _____
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Ship samples to:  
Micro Measurement Laboratories, Inc.  
1300 South Wolf Road, Wheeling, Illinois 60090

Testing Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Required)