Requisition Form

PN#:

Reserved for CCREST

CLIENT IDENTIFICATION	
Company Name:	**Contact:**
Address:	**Phone:**
	Fax:

PRODUCT INFORMATION		
Product Name:		**Requisition No:**
Lot #:	**Requisition Date:**	**Sample Quantity: N/A**

Test	Method	Specification	Test	Method	Specification

INSTRUCTIONS

Storage Conditions: ☐ RT ☐ 4°C ☐ -20°C	☐ QC Test ☐ Stability Test	**Preparatory test Required:** ☐ Yes ☐ No	**Remaining Sample:** ☐ Returned ☐ Discarded
Methods Validated: ☐ Yes ☐ No	☐ Client Standards	☐ USP Standards	☐ Secondary Standards
☐ Regular Testing 15 Working Days	☐ Rush Testing 5 Working days	☐ Extreme rush Testing 3 Working days	

Comments:

Sent by:_____ **Date:**_____