



# RTP Facility

# Sample Submission Form

Complete one form (or same information) for each set of samples and **return with samples** to:  
Sample Coordination, Magellan Laboratories Incorporated, 160 Magellan Lab Ct., Morrisville, NC 27560

## Magellan Contact

Person at Magellan with knowledge of the samples \_\_\_\_\_

## Sponsor Information

Company: \_\_\_\_\_ Sponsor Code( if known): \_\_\_\_\_

Sender: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Project Information

Please provide a Quote number (QTE) and/or Test Protocol number (TTP) if available.

Quote No. (QTE-XXX-0000): \_\_\_\_\_ Test Protocol No. (TTP-XXX-M0000): \_\_\_\_\_

Description of Testing in Protocol (Do not include additional testing instructions) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Sample Description (use a single sheet for multiple lots of identical product, attach additional sheets as necessary)

Product: \_\_\_\_\_ Dosage Form: \_\_\_\_\_

Active: \_\_\_\_\_ Strength: \_\_\_\_\_

Lot No(s): \_\_\_\_\_ Container: \_\_\_\_\_

Other Sample #: \_\_\_\_\_ Closure: \_\_\_\_\_

Hold Condition upon arrival(°C/RH): \_\_\_\_\_ Unit (bottle, vial, etc.): \_\_\_\_\_

Total Units Sent: \_\_\_\_\_ Amount/Unit: \_\_\_\_\_

## Other (Sponsor Stored Stability Samples, Process Validation, etc.)

Time Point: \_\_\_\_\_ Stability Condition (at Sponsor): \_\_\_\_\_

Orientation: \_\_\_\_\_ Other: \_\_\_\_\_

Additional Sample Information: \_\_\_\_\_

\_\_\_\_\_

## Safety Information (must be completed)

Is special handling needed? (e.g. controlled substance, teratogenic, carcinogenic, etc.) YES \_\_\_ NO \_\_\_

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

**Note:** If controlled drug substance, consult your project development representative before shipping samples.

Samples Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Sample Coordination** – File in DCU when login complete.