

SAMPLE SUBMISSION FORM

F-169.10

MML Project #: _____ (Internal use only)

*Samples cannot be scheduled for testing until **ALL** information below is provided. Please include a copy with the shipment.*

Payment Method: ☐ PO #: _____ ☐ Credit Card Quote #: _____

| BILL TO | REPORT TO Reports will be sent as PDF via Email to Company below |
|---|---|
| Company: _____ | Company: _____ |
| Address: _____ | Address: _____ |
| AP Contact: _____ | Contact Name: _____ |
| AP Email: _____ | Phone #: _____ |
| AP Phone #: _____ | Contact Email: _____ |
| An invoice will be provided to the contact above. | CC Email: _____ |

Standard Turnaround Time is 7-10 Business Days¹.

Expedited Service must be arranged with MML prior to sample submission.

Please email: AnalyticalTesting@mmlabs.com

| # | Sample Name/Sample Description An SDS is required for all samples submitted | Lot # or Customer's Reference # | Fill Vol. | Quantity | MML Test Code (From quote) | Test Method/ Procedure |
|---|--|------------------------------------|-----------|----------|----------------------------------|---------------------------|
| | Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | |
|---|---|
| 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 ² (please specify) _____ | Special Instructions ³ : _____ _____ _____ |
| Sample Handling After Testing ⁶ : <input type="checkbox"/> Discard Sample ⁴ <input type="checkbox"/> Return Sample ⁵ <input type="checkbox"/> Return Cooler ⁵ <input type="checkbox"/> Return Temp. Monitor ⁵ Return by: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other: _____ Account #: _____ | |

1. Medical devices and special projects T.A.T. are normally 10+ business days and project dependent.
2. Special storage conditions must be arranged with MML prior to sample submission.
3. Samples that require special handling, precautions, and/or disposal will incur a minimum handling fee of \$50.
4. Liquid samples are discarded 7 days after testing, and empty containers are discarded 30 days after testing.
5. A shipment must be scheduled, or an account number must be provided to cover the shipping charges.
6. SHARPS are disposed of immediately after testing for safety reasons.

Ship samples to:

Attn: Testing Department

Micro Measurement Laboratories, Inc.

1300 South Wolf Road, Wheeling, Illinois 60090

Testing Authorized By: _____ Date: _____

(Customer Signature Required)