

## INSTRUCTIONS

The purpose of the sample transmittal form is to capture an adequate description of the sample and the sample container (closure system) as well as any special sample handling and storage requirements and any/all test specifications.

The sender is to print out and use as many forms as needed and enclose the submittal form(s) with the samples being sent.

1. Please use this form to itemize the samples being sent for analysis.
  - a. Describe the sample by listing the sample name and any pertinent information regarding the sample. For example, sample composition, amount, potency, and form (tablet, capsule, solution, bulk, etc.)
  - b. If several identical samples are being sent, one row can be used. Record how many units of each sample are being sent.
  - c. Record the lot number and describe the container closure system. For samples which will be used for an extractables/leachables study, record the materials of construction (if known).
  - d. Document the necessary storage conditions and any special handling instructions.
  - e. Indicate the necessary testing to be performed on the sample and the testing specifications. Specifications may be attached to the form if desired. If there are none, please enter "N/A".
2. Samples are stored at NSF Health Sciences for up to 9 months, and will be disposed of after this time (if the study is no longer active). If other arrangements are made, or to request return of the samples at the end of the storage period please indicate this in the comments section of the form.
3. Sign and date this form, and send it with your sample shipment.
4. Mail the sample(s) to:

NSF Health Sciences  
ATTN: Sample Coordinator  
719 Middle St  
Bristol, CT 06010  
Phone: 860-940-6550



**SAMPLE TRANSMITTAL FORM**

Client Code:
Study Number:
<i>For use by NSF Health Sciences only.</i>

**Contact Information**

Contact Name and Title: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Sample Information**

Sample Description:	Number of Units	Lot number	Container Closure System	Handling and Storage Conditions	Test(s) to be performed	Test Specifications if none enter "NA"	For use by NSF Health Sciences only:	
							Sample Type	Sample ID
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	

Samples are stored for up to 9 months at the indicated storage conditions. At the end of 9 months, samples will be discarded unless other arrangements are made. To request return of samples after the storage period, please provide your FedEx or UPS account number: \_\_\_\_\_

**Client Comments/Approval**

Client Comments: \_\_\_\_\_ Client Signature and Date: \_\_\_\_\_

**NSF Health Sciences Comments/Approvals**

Comments: \_\_\_\_\_

\_\_\_\_\_  
 NSF Health Sciences Sample Coordinator (Sign and Date)

\_\_\_\_\_  
 NSF Health Sciences Quality Assurance (Sign and Date)