



Endotoxin Sample Submission Form

Official Copy

Fill out this form completely and submit with test article(s). Any missing information will delay the processing of the test article(s).

Company _____ Contact name _____

Contact Fax # or E-mail address (for receipt of this form) _____

Company telephone number _____

Number of test article(s) in this shipment _____ P.O. number _____

Check Test Method: Gel-Clot Assay (SOP/TSG/ELI/002)
 Turbidimetric Kinetic Assay (SOP/TSG/ELI/013) Chromogenic

Product VALIDATION: YES Rush Assay (charges doubled): YES

Sponsor Test Article Specification (EU Limit and pH): _____

NOTE: When sending MULTIPLE test article LOTS indicate the following: Test Individually Test Pooled

**IF A LOT CONSISTS OF MORE THAN ONE TEST ARTICLE, INDICATE THE NUMBER TO BE POOLED AS ONE ASSAY

Table with 4 columns: Test Article Description, Reference Number, Lot Number, **Number Pooled. Multiple rows for data entry.

Set-up Instructions: _____

Do these instructions deviate from your current QCP/SOP? Yes No

Recommended method of test article disposal: _____

Sponsor Signature _____ Date _____

To be completed by Embryotech™ Laboratories Inc. and faxed or emailed to Sponsor

Receipt date: _____ Expected completion date: _____
ELI Accession number: _____ Condition of Shipment: Good Damaged (Explain)

Signature: _____ Date: _____

Document No.: CS/TSG/092 Revision No.: 6 Effective Date: 2/11/2020 Approved By: [Signature] Page: 1 of 1

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