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| AsureQuality STABILITY SAMPLE SUBMISSION FORM |  | ASUREQUALITY PROJECT NUMBER  *Office Use Only* |  |
|  |
| **PLEASE NOTE*: To avoid charges for manual submissions, please register and submit your samples via our online testing management portal: LabConnect.co.nz*** |

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| **🖰** Go to [https://www.asurequality.com/contact/sample-submission/](https://www.asurequality.com/contact/sample-submission/%20) for a guide on how to complete this submission form | | | | | | | | | |
| Company Name | | |  | | | | | |  |
| Address: |  | | | | | | | |  |
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| Contact Person | | |  | | | | | | ASUREQUALITY |
| Phone : | |  | | | | | | | RECEIVING STAMP HERE |
| Email : | |  | | | | | | |  |
| Customer Short Code | | |  | | | | | | *Office Use Only* |
| Contract Number | | |  | | | | | |  |
| Purchase Order | | |  | | | | | |  |
| URGENT  *(surcharges apply)* | | |  | Select if **Yes**, and provide **Urgent Quote Number**: | | | |  |  |
|  | (**Requires pre-approval**. Please call +64 9 626 8203 Option 1, or email [vlabauckland@asurequality.com](mailto:vlabauckland@asurequality.com) for Customer Services) | | | | |  |
| Submission Reference | | | Stability Trial | | | | | | Results will be reported to the default Distribution List. If you require any addition for this project, please record below: |
| Date Submitted | | |  | | d-mmm-yy (format for all dates); hh:mm (24-hr for time) | | | |
| Sampled By | | |  | | | | | |
| GMP Sample | | |  | Select if **Yes** | | | | |
| Storage Condition | | | Ambient | | | Chilled | Frozen | | **Name(s) :** |
| Stability Chamber ID | | | Stability Chamber ID:  Add to Lab Comments | | | | | |
| Comments/Additional Information *(not visible on the report)* | | |  | | | | | |
| **Email(s) :** |
| Report Comments *(visible on the report)* | | |  | | | | | |
| *Please indicate number of pages used:*  **Page** **of** |

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| Sample Details | | | | | | | |
| *Notes:* | - **Hazardous samples:** please attach a safety data sheet and label the samples and consignment with appropriate hazardous stickers - Prior to sample dispatch, please send product specification sheets to the Specifications Team: [specs@asurequality.com](mailto:specs@asurequality.com) - If you require a separate report for each product, please fill in another sample submission form | | | | | | |
| Product/Matrix | | |  |  |  |  |  |
| Specification Code | | |  |  |  |  |  |
| Sample Name *(Unique identification for the samples)* | | |  |  |  |  |  |
| Sample Description | | |  |  |  |  |  |
| Batch/Lot Number | | |  |  |  |  |  |
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| Composite Testing *(Select if Yes)* | | |  |  |  |  |  |
| \*Additional information to identify samples – select from menu (electronically). If handwritten, please refer to the guide for available options. | | | | | | | |
| Tests | | Units | Cross (x) the test required for each sample. Leave blank if not required. | | | | |
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| Additional spaces available on the second page for more samples/tests if required. **Please ensure to indicate number of pages used in the box above.** | | | | | | | |

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| AsureQuality Stability SAMPLE SUBMISSION FORM |  |

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| Product/Matrix | | |  |  |  |  |  |
| Specification Code | | |  |  |  |  |  |
| Sample Name *(Unique identification for the samples)* | | |  |  |  |  |  |
| Sample Description | | |  |  |  |  |  |
| Batch/Lot Number | | |  |  |  |  |  |
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| Composite Testing *(Select if Yes)* | | |  |  |  |  |  |
| \*Additional information to identify samples – select from menu (electronically). If handwritten, please refer to the guide for available options. | | | | | | | |
| Tests | | Units | Cross (x) the test required for each sample. Leave blank if not required. | | | | |
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