

SAMPLE SUBMISSION FORM

| Sponsor (final report will be addressed and mailed to): | Invoice Information: |
|---|----------------------|
|---|----------------------|

***Annotates a required field**

*Company Name: _____
 *Address Line 1: _____
 Address Line 2: _____
 *City, State, Zip: _____
 *Country: _____
 *Attn: _____
 *Phone: _____
 *Fax: _____
 *e-mail address: _____

***Annotates a required field**

*Purchase Order Number: _____
 Cost Estimate & Proposal No.: _____
***Billing Address:** _____

 *Accounts Payable Phone: _____
 *Accounts Payable Fax: _____
 Credit Card# Mastercard/Visa _____
 Card Holder Name: _____
 Expiration Date of Credit Card: _____

Check if you wish your test(s) to be conducted STAT: STAT (add 50% of test fee or \$100.00 minimum fee) Fax Final Report

*Test Article Name (use EXACT wording desired on final report)**: _____

*Test Article being Submitted is: Sterilized Not Sterilized NAMSA to sterilize by: EtO Steam
 *Test Article is Categorized as being a**: Medical Device Biologic Tissue Pharmaceutical Chemical

*Identification Number Batch/Code/Lot (circle one): _____

*Storage Conditions: Room Temperature; Refrigeration; Freezer; Other _____ *Quantity Submitted: _____

*Physical description of test article (chemical/material type/color): _____

Special Instructions: _____

****A detailed composition list and MSDS sheet must accompany any chemical or biologic test article. A certificate of testing or reprocessing must be submitted for any human tissue derived sample or clinically used medical device.**

| Test Code | Description | Time/Temp | Extractants | Time/Temp | Extractants |
|-----------|-------------|-----------|-------------|------------------------|---------------------------|
| | | | | A. 121°C/1 hour | A. Alcohol in Saline |
| | | | | B. 70°C/24 hours | B. Balanced Salt Solution |
| | | | | C. 50°C/72 hours | C. 1X MEM |
| | | | | D. 37°C/24 hours | D. Vegetable Oil |
| | | | | E. 37°C/72 hours | E. Polyethylene Glycol |
| | | | | F. Room Temp./72 hours | F. Water for Injection |
| | | | | G. Other: | G. Sodium Chloride USP |
| | | | | | H. Drug Product Vehicle |
| | | | | | I. Other |

EO Residuals Only: Date Test Article Sterilized: _____ Test Article to be Extracted On: _____

*Disposition of Test/Control Article: Discard Return unused sample Return unused and used sample
 If requesting to return sample, please circle the courier and include your UPS/Federal Express/Other account number: _____

Raw Data and Report Storage: All data including raw data, protocols, reports, specimens, blocks and slides will be archived for 5 years from completion of the final report. After the 5 year period has expired, these items will be destroyed unless specific instruction to return them is provided to NAMSA.

Authorized By Sponsor: _____ Date: _____

NAMSA Associate: _____ Date: _____