



**Biomedical Research and Support Services Pte Ltd (BRASS)**  
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**TEST SAMPLE SUBMISSION FORM**

ALL FIELDS ARE REQUIRED

<b>I. FOR INVOICING MANDATORY INFORMATION</b>	
PURCHASE ORDER NO. Please type your PO number here	BRASS QUOTATION REFERENCE NUMBER Our quotation no.

<b>II. TEST SAMPLE DESCRIPTION ONE TEST ARTICLE TYPE PER SUBMISSION (SGD\$10 fee applicable for amendment of test report, if insufficient information have been provided)</b>			
TEST SAMPLE NAME USE EXACT WORDING FOR FINAL REPORT Please type your product name as how you would like it to appear in the report	TEST SAMPLE DESCRIPTION further description of sample if any	IDENTIFICATION NUMBER CHECK ONE: <input type="checkbox"/> BATCH <input type="checkbox"/> CODE <input type="checkbox"/> LOT product batch or lot #	QUANTITY SUBMITTED number of sample submitted

<b>III. Testing Type ONE TEST TYPE PER SUBMISSION</b>	
TEST TYPE Type of test to be performed (example: Sterility Test)	TEST ARTICLE LIMITS AND SPECIFICATIONS N/A for sterility test
TEST PROTOCOL NO. ONLY TESTS WITH PROTOCOLS WILL BE PERFORMED Protocol ref	ADDITIONAL / SPECIAL INSTRUCTIONS: Please write here additional / special instruction if any

<b>IV. OTHER TESTING AND LOGISTICAL RELATED INFORMATION MANDATORY INFORMATION</b>	
SAFETY INFORMATION ON TEST SAMPLE OR MSD <input type="checkbox"/> See Attached (No. of pgs: )	Ethylene Oxide Exposure <input type="checkbox"/> YES <input type="checkbox"/> NO
TRANSPORTATION CONDITIONS* <input type="checkbox"/> ROOM TEMPERATURE <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> FREEZE <input type="checkbox"/> OTHER: condition of sample when transported	STORAGE CONDITIONS* <input type="checkbox"/> ROOM TEMPERATURE <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> FREEZE <input type="checkbox"/> OTHER: _____
If requesting to return sample, please check the courier and include your: ALL SAMPLES SHALL BE DISCARDED 14-DAYS AFTER TEST COMPLETION IF THERE IS NO RETURN REQUEST <input type="checkbox"/> UPS <input type="checkbox"/> Federal Express <input type="checkbox"/> BRASS to return (Chargeable to client) <input type="checkbox"/> Client to pick up sample <input type="checkbox"/> Other: <u>do you need the samples to be returned?</u> Account Number: _____	
Additional/ Special Instructions Please write here other instructions	

<b>V. TEST SPONSOR INFORMATION AND AUTHORIZATION MANDATORY INFORMATION</b>			
COMPANY NAME and ADDRESS USE EXACT WORDING FOR FINAL REPORT		CONTACT PERSON and SIGNATURE	
TEL	FAX	DATE	E-MAIL

<b>VI. ADDITIONAL INFORMATION:</b>			
<input type="checkbox"/> DIALYSIS CENTER (Tick & provide information needed if test report will be sent to a Dialysis Center) <input type="checkbox"/> MEA SAMPLING SITE (Tick & provide information for your sampling site) <input type="checkbox"/> N/A (Tick if report will be sent on the Test Sponsor Address)			
COMPANY NAME and ADDRESS USE EXACT WORDING FOR FINAL REPORT		CONTACT PERSON and SIGNATURE	
TEL	FAX	DATE	E-MAIL

<b>VII. ACKNOWLEDGEMENT – FOR BRASS USE ONLY</b>			
<b>CHECKLIST FOR SAMPLE INTEGRITY</b>			
Samples delivered are in good condition (no leaking/broken/ exposed samples)	<input type="checkbox"/> YES <input type="checkbox"/> NO	GRN NO.	
For samples delivered with ice-packs in cool box, the ice-packs remain cold on arrival	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		TEST ID	
REMARKS IF REJECTED:			
RECEIVED / INSPECTED BY BRASS PERSONNEL (NAME & SIGNATURE):			
DATE:		TIME:	