HTI Sample Submission Form

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| Company Name: | Contact Name: |
| Contact Email address: | Contact Phone Number: |
| Address: | Ship Date: |
| City: | State: | Zip Code: | Country: |
| **To be completed by Customer**: |
| SOW, Proposal or Contract No: | Sample Disposition after Testing/Usage: (Circle One)**Discard** **Return** (Extra Charge) **Hold** (at client’s request for extra charge) |
| **Sample Information (to be filled in by Customer)\*** | **Optional** |
| **# Samples** | **Sample Identifier/Type** | **Lot Number** | **Req. Storage Temp** | **Volume** | **Container Type** |
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\* ***Alternatively a document with the above information can be sent with the submission form.***

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| Customer Signature: | Printed Name: | Date: |

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| **To be completed by HTI** |
| Unique Project ID number: (Record on Customer Property Label) |
| Received by: | Date Samples were received: |
| Shipment complete? Yes or No | If no, explain: |
| Storage Temperature: \_\_\_\_\_\_\_\_\_\_\_ Storage Location: EQP-\_\_\_\_\_\_  |   Container Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shelf #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Testing /Usage completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Final Sample Disposition: Discarded or Returned or On Hold |
| Final Disposition by: (Printed name and Signature) | Date of Disposition: |

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| **Sample Movement (if applicable)** |
| Date/Time | Previous Location | New Location | Reason for Removal (NB Reference if applicable) | Initials |
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Customer Property Audit performed? Yes or No Date: \_\_\_\_\_\_\_\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quality Assurance Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_