Tentamus California Sample Submission Form

Attention: Sample Receiving Department

133 Technology Drive, Suite 150, Irvine, CA 92618

PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT THIS FORM AND SHIPPING SAMPLES

1. Please contact TentamusCalifornia for all RUSH pre-approval at 858.750.2146
2. If your samples exceed available space, please attach additional sample submission forms.
3. For **Pharmaceutical Samples** please include the company FEI number.
   a. If a verification is not on file for your finished product API testing, **Fill Out Page 2** for the test method release.

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Contact Information

Company:		**Invoice Contact:**		**Date:**	
Contact Name:		**Billing Address:**			
Mailing Address:		**(if different)**		**P.O. Number:**	
		FDA FEI# (pharma only)		**Product Type**	☐ Pharma/GMP/OTC ☐ Cosmetic ☐ Natural Health Product ☐ Other:
Email *(reports)*:		**Email *(invoices)*:**			

Identity: HPTLC/Microscopy Test Request(s)

Lot #	Sample Name /Description (PE, LE, Crude Raw Material, etc.)	Latin Name (Genus/Species)	Plant Part	Extract	Extraction Solvent, (if known)	TAT	Laboratory Use Only

Analytical: Microbiology/HPLC/GC/UV-vis/Chemistry Test Request(s)

Lot #	Sample Name /Description	Assay/ Marker (Test For)	Specification (If Required)	Analysis Requested	TAT	Laboratory Use Only

Be advised, turnaround times for analyses will begin the day after sample and correctly executed and **signed sample submission form** have been received by the testing facility. If no turnaround time is selected, a standard turnaround of 7 business days will be assigned for analytical, and 7 working days will be assigned for Heavy Metals, Microbiology and HPTLC. Turnaround time is based on industry accepted methods and procedures being available for the material or chemical to be tested. If additional method development, verification, validation or research is required, turnaround times may be affected.

Turn Around Time (TAT)

STD - Standard - 7 Business Days
5D - 5 BUSINESS DAYS – +20% ☐
4D - 4 BUSINESS DAYS – +25% ☐
3D - 3 BUSINESS DAYS – + 50% ☐
2D - 2 BUSINESS DAYS – +100% ☐
1D - 1 BUSINESS DAY – +200% ☐
SAME DAY RUSH -- +400% ☐

*****All RUSHES MUST BE APPROVED*****

Sample Disposal

☐ Standard Disposal
☐ Return (cost of sample shipping per sample)
☐ Retain for 3 month period ($50)

Standard Disposal if nothing is selected

Data to be used for

☐ Internal use only and/or Non FDA
☐ Regulatory Submission to FDA
☐ Product/Raw Material Regulated by FDA

If nothing is selected, results will be reported for information only and considered non-pharma work.

Special Instructions/Request

☐ Check here if sample(s) require special storage conditions or handling precautions. Explain in the Special Instructions or Request.:

It is recommended that suitability testing be performed on formulas being tested for microbiology per USP <51>, <60>, <61>, and <62>. Please denote if your are opting out: Yes, I am opting out ☐

☐ See client provided attachment

Laboratory Use

Received By:

Name (Print):

Date/Time:

All fees or bills are charged directly to you, the client, unless a third party has been authorized via a signed statement indicating payment responsibility, regardless of testing result (pass/fail). It is assumed the paperwork submitted with a sample describes the testing desired. If changes are made after the originally requested testing is initiated or completed, the Client must accept payment responsibility. Please notify American Testing Lab immediately if changes in testing are necessary. In signing below, the Client accepts the above testing/billing responsibilities.

Client Approval: _____ **Date:** _____

Method Acceptance Release Form

This informed consent/assumption of risk/waiver/release of liability pertains to the method summarized below. A detailed description may be attached to this document. Method/Analyte To Be Tested:

I, _____ (Full Name of Client's Representative), certify that I am an authorized representative of _____ (Client). I acknowledge that I understand and do hereby consent and submit to the following terms of agreement on its behalf:

Tentamus California (hereinafter "TCA") cannot perform the requested testing services without obtaining signed written permission, informed consent, waiver of right to sue, and a release of liability.

1. The undersigned knowingly and voluntarily accepts that the method as currently constituted may not be fully validated prior to usage by Tentamus California.

2. TCA does not possess proof of method suitability for this method. TCA will at their discretion, or through joint collaboration with the Client, perform validation work to determine method suitability. If and when this validation is completed the validated method will be used in lieu of this method unless otherwise requested, in writing, from the Client.

3. TCA is committed to achieving the highest client satisfaction professionally and ethically; and agrees to perform the prescribed method according to stated procedures. However, TCA makes no claims as to the precision, accuracy, or suitability of such method.

4. TCA, its Clients, and its employees are discharged, released, and absolved from any and all claims and liabilities associated with the acceptance and usage of this method, INFORMED CONSENT/ASSUMPTION OF RISK/WAIVER/RELEASE OF LIABILITY for the testing services requested, that have not been properly validated by TCA's research team, if said method is later determined to be unsuitable for the test requested.

5. TCA agrees to undertake remediation, corrective action, and retest, if the prescribed method is erroneously implemented.

By signing this form, we give written permission to TCA to use the prescribed method without validation by TCA. We acknowledge that we have thoroughly read this informed consent, assumption of risk, waiver of right to sue, and release of liability and fully accept and assume any and all risks and liability herein. We knowingly and voluntarily waive any right we, or our successors, might have to bring any legal action or assert any claims, demands, or causes of action of any kind whatsoever against TCA, its Clients, and its employees, for any issues associated with the proper execution of prescribed unvalidated method used for the requested testing services defined by this document.

FDA Registration FEI #:_____

DUNS #:_____

Dated: _____ (mm/dd/yyyy)

Signature of Authorized Representative: _____

Name of Authorized Representative: _____

Client/Company:_____

Addendum I: Products Released for Test Method

Method Acceptance Release Tests			
Method/Test Analyte Name	**Product Name**	**Active Pharmaceutical Ingredient**	**Client Product Code**