



Storage Submission Form

Quote #:		PO #:	
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Client Information		Billing Information	
Test results will be reported to the individual(s) listed below		Same as Client <input type="checkbox"/>	
Contact:		Contact:	
Company:		Company:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

FSG Sample ID # In-House Use Only	Sample Information (Product, Lot #, etc.) List each sample set individually as they should appear on the reports	# of Samples

Service Requested:

Retain Storage
 Stability Storage
 Other _____

Sample Storage Conditions (specify only one storage condition per form):

Storage temperature range: From: _____ °C To: _____ °C

Storage humidity range: From: _____ % To: _____ % (for no humidity enter N/A in each field)

Storage orientation:
 Upright
 Inverted
 Horizontal
 Other _____

Comments or Special Handling Instructions

Completed By: _____ Date: _____

Print, sign and email the completed form prior to shipment to mdetri@founderssg.com or rmunroe@founderssg.com and include this form in the shipment to:

Founders Science Group, 30 Robert W. Boyden Rd. Unit A1000 in Taunton, MA 02780
 Phone: 508-258-8055

FSG Use Only:

Received By/ Date: _____ Verified By/Date: _____