



# Storage Submission Form

<b>Quote #:</b>		<b>PO #:</b>	
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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](mailto:mdetri@founderssg.com) or [rmunroe@founderssg.com](mailto: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: \_\_\_\_\_