



TOXICOLOGY SAMPLE SUBMISSION FORM

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Client Information			
Client Contact:		Send Invoice To:	<input type="checkbox"/> Same as Contact Address <input type="checkbox"/> Address below
Client:		Client:	BioScreen only invoices the client and does not invoice 3 rd parties
Address:		Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Email:		Email:	
List most recent Quote #:		PO or Payment Type:	<input type="checkbox"/> Check No.: _____ <input type="checkbox"/> PO: _____ <input type="checkbox"/> Credit Card (please visit http://payments.bioscreen.com/)
Sample and Test Information			
Sample Name	Formula Number	Lot/Batch Number	Expiry ¹
Ocular Studies <input type="checkbox"/> HET-CAM <input type="checkbox"/> Optisafe™ Test <input type="checkbox"/> BCOP <input type="checkbox"/> CAMVA <input type="checkbox"/> ICE <input type="checkbox"/> Epi-Ocular <input type="checkbox"/> Short Time Exposure Ocular Assay			
Dermal Studies <input type="checkbox"/> EpiDerm DermaSafe™ SIT <input type="checkbox"/> EpiDerm SCT™			
Oral Studies <input type="checkbox"/> Acute Oral Toxicity Test			
Germ Cell Mutagenicity <input type="checkbox"/> Mammalian Cell Gene Mutation			
Toxic Reproduction <input type="checkbox"/> Embryonic Stem cell for Embryotodicy			
Toxicology Risk Assesment <input type="checkbox"/> Per quotation number listed above			
Shipping and Storage Information			
Storage Condition	Please Provide Sample Ingredient Information (Check all that are included)	Sample Disposition (all samples will be discarded after testing unless otherwise indicated)	
<input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Freezer (<-25 to -10°C)	<input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous ² (SDS must be included with sample) <input type="checkbox"/> Biohazardous ² (SDS must be included with sample)	<input type="checkbox"/> Return to Client; please provide shipping acct info: _____ <input type="checkbox"/> Other: _____	
Additional Information/Special Instructions:			
By signing below, I authorize BioScreen Testing Services, Inc. (BTS) to perform the above-indicated test(s). BTS is not obligated to perform any requested service unless and until it has agreed to do so. Please include the signed quotation for new analysis submitted to BTS. Signature indicates approval of all applicable terms and conditions, the most current quotation, and surcharges noted above.			
REQUIRED	Signature/Date: _____		

¹If no expiry is provided, it is assumed that the sample is stable for duration of the study. ²SDS must be included with sample in order to test.