

UNIVERSITY OF FLORIDA TRANSLATIONAL DRUG DEVELOPMENT CORE

Form No. FMS-TDDC-008	Version No: 1.0
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Sample Submission Form

Client Name: _____	Contact Person: _____
Date of Submission: _____	Contact Phone: _____
Date Results Requested By: _____	Contact Email: _____

B. Sample Information

Test Article or Compound ID (Please use the exact wording you want to appear in the final report.)	[e.g., compound code]
Purity	
Quantity of Test Articles Submitted (mg)	
Physical Description	
Storage Temperature	20 to 25 °C 2 to 8 °C -16 to -24 °C -60 to -80 °C
Photo Sensitive	Yes No Don't know
Solubility	

C. Compound Details

Please fill out any known, applicable fields and leave blank any that are unknown or do not apply.

Chemical Name	
Chemical Structure	
Molecular weight	
Free base or salt	

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D. Special Instructions

List any special instructions below, including the brief description about the required testing.

Testing Authorized by:

Printed Name:

Signature

Date

Sample Received by:

Printed Name:

Signature

Date

Sample Prepared by:

Printed Name:

Signature

Date