



Ship Samples To:

Haemtech Biopharma Services

57 River Road Unit 1010 Essex Junction, Vermont 05452

HBS Sample Submission Form

Company Name:					Contact Name:															
Contact Email Address:					Contact Phone Number:															
Address:										Ship Date:										
City:			State:			Zip Code:					Country:									
To Be Completed by the Customer																				
Compliance Level: <input type="checkbox"/> GMP <input type="checkbox"/> GLP <input type="checkbox"/> R&D <input type="checkbox"/> Other										SOW, Proposal or Contract Number:										
Sample Information					Protocol or Test Method Number															
# of Samples	Sample Name	Lot Number	Shipping Temp	Storage Temp																
			Choose an item.	Choose an item.																
			Choose an item.	Choose an item.																
			Choose an item.	Choose an item.																
			Choose an item.	Choose an item.																
			Choose an item.	Choose an item.																
			Choose an item.	Choose an item.																
Sample Disposition After Testing:																				
<input type="checkbox"/> Discard Samples <input type="checkbox"/> Return Sample (Extra Charge)																				
Customer Signature:					Printed Name:										Date:					



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HBS Sample Submission Form

To Be Completed by HBS		
Project ID Number (to be complete by HBS):		
Primary Receiver Initials:	Secondary Receiver Initials:	Date Samples were Received:
# of Samples Received:	Initial Storage Location:	Residual Dry Ice Amt:
Shipment Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the discrepancy below in the comments section.		
Date Testing Completed:		
Final Sample Disposition:	Signature:	Date:
Disposition Shipping Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shipping Cost (if Applicable):	
Date of Final Data Release:	Name:	
Date of Billing:	Name:	
Comments:		