

MOLECULAR MS DIAGNOSTICS SAMPLE SUBMISSION FORM

CLIENT INFORMATION:

Contact Name:		Salutation (Mr., Ms., Dr.):	.
Title:		Company Name:	
Mailing Address:		City, State, Zip Code:	
Phone #:		Fax #:	
Email address:		Company website:	

MMSD AREA MANAGER CONTACT

Contact Name:	Daniel Magiera	Salutation (Mr., Ms., Dr.,):	Dr.
Title:	Project Manager	Company Name:	MMSD
Mailing Address:	1230 Greenwich Avenue	City, State, Zip Code:	Warwick RI 02886
Phone #:	401-383-0811	Fax #:	401-533-9837
Email address:	Dmagiera@mmsdiagnostics.com	Company website:	http://www.mmsdiagnostics.com

NATURE OF WORK:

<input type="checkbox"/> cGMP	<input type="checkbox"/> non cGMP	<input type="checkbox"/> cGLP	<input type="checkbox"/> non cGLP
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<input type="checkbox"/> Method Development	<input type="checkbox"/> Heavy Metals	<input type="checkbox"/> Compendial	<input type="checkbox"/> HPLC Assay
<input type="checkbox"/> Photostability	<input type="checkbox"/> LOD	<input type="checkbox"/> Solubility	<input type="checkbox"/> Particle Size
<input type="checkbox"/> ICP-MS	<input type="checkbox"/> ROI	<input type="checkbox"/> GC/MS	<input type="checkbox"/> KF
<input type="checkbox"/> DSC	<input type="checkbox"/> Release/Rate	<input type="checkbox"/> LC-MS/MS	<input type="checkbox"/> Other: _____

PRODUCT INFORMATION/BILLING/PO:

Product Description: (# of strengths / # of lots/Amount Shipped)/PO	Product Matrix
1.	<input type="checkbox"/> API
2.	<input type="checkbox"/> Tablet
3.	<input type="checkbox"/> Capsule
4.	<input type="checkbox"/> Powder <input type="checkbox"/> Solution
5.	<input type="checkbox"/> Suspension <input type="checkbox"/> MDI
	<input type="checkbox"/> Nasal <input type="checkbox"/> Inhalation Solution
	<input type="checkbox"/> Other (please describe)

Placebo included?	Development Phase
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Pre-IND
PO# _____	<input type="checkbox"/> I
	<input type="checkbox"/> II
	<input type="checkbox"/> III
	<input type="checkbox"/> FDA Approved
	<input type="checkbox"/> Other (please describe)

TECHNICAL BACKGROUND:

<input type="checkbox"/> Physical and Chemical Properties

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<input type="checkbox"/> Previous Work at MMSD
<input type="checkbox"/> Special Equipment Needs? Identify _____

TIME FRAME:

Requested Start Date:		End Date:	
Standard Time Frame:	5 business days		

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PROJECT DETAILS:

Available method or literature reference: _____

Other Information: _____

Safety Information:

Hazardous ☐ Yes No ☐ DEA Controlled No X ☐ I ☐ II ☐ III ☐ IV ☐ V Please attach MSDS if possible.

References, Protocols, Materials, Etc.:

•Compendia Method Reference:

•Client Method Reference:

•Method Development Protocol: Author: Client ☐ MMSD ☐ SOP: Client ☐ MMSD ☐

•Method Validation Protocol: Author: Client ☐ MMSD ☐ SOP: Client ☐ MMSD ☐

•Degradation Products:

•Impurities:

•Formulation Ingredients:

•Placebo:

Standards, Columns, and Raw Data:

Reference Standards provided by: ☐ Client ☐ MMSD * Notes: _____
Reference Standards characterized by: ☐ Client ☐ MMSD * _____
Columns provided by: ☐ Client ☐ MMSD * _____

* Project specific materials, purchased through MMSD will be charged to Client at MMSD invoiced price

Quality Assurance:

☐ Full QA Review ☐ Peer Review ☐ Other: _____

Final Report:

☐ MMSD Template ☐ Client Template ☐ Other: _____

Tech Transfer:

☐ Back to client ☐ To MMSD AC ☐ Other: _____

Disposal of Samples:

Standard (30 days post report): ☐

Special Handling (return to client): ☐

Attention: _____

Client Shipping Account Number: _____

Address: _____

Additional Notes (Please attach additional pages as needed.)

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