

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
-------------------------------	-----------------------------------	-------------------------------	-----------------------------------

<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:

<p>Product Description: (# of strengths / # of lots/Amount Shipped)/PO</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>Placebo included? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>PO# _____</p>	<p>Product Matrix</p> <p><input type="checkbox"/> API</p> <p><input type="checkbox"/> Tablet</p> <p><input type="checkbox"/> Capsule</p> <p><input type="checkbox"/> Powder <input type="checkbox"/> Solution</p> <p><input type="checkbox"/> Suspension <input type="checkbox"/> MDI</p> <p><input type="checkbox"/> Nasal <input type="checkbox"/> Inhalation Solution</p> <p><input type="checkbox"/> Other (please describe)</p> <p>_____</p> <p>_____</p> <p>Development Phase</p> <p><input type="checkbox"/> Pre-IND</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> II</p> <p><input type="checkbox"/> III</p> <p><input type="checkbox"/> FDA Approved</p> <p><input type="checkbox"/> Other (please describe)</p>
---	--

TECHNICAL BACKGROUND:

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

MOLECULAR MS DIAGNOSTICS SAMPLE SUBMISSION FORM

<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		

MOLECULAR MS DIAGNOSTICS SAMPLE SUBMISSION FORM

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.)

MOLECULAR MS DIAGNOSTICS SAMPLE SUBMISSION FORM

--