



Company *

Billing Address *

City *

State *

Zip *

Phone *

Email (for reporting purposes)

Fax

Complete sample identification (generic and/or brand name, general description or product classification, include batch, lot, control or part number as applicable).

Sample Identification	Lot / Batch No.	Part No. (if applicable)

Number of samples in this shipment: _____ Dose: _____ pH: _____

Endotoxin Limit: _____ Concentration: _____

Select Test Method (check one): Gel clot Kinetic Turbidimetric Kinetic Chromogenic

Testing procedures for more than one unit (check one): Pooled Individual

Recommended reconstruction or extraction: _____

Handling precautions (include MSDS if applicable): _____

Disposal procedure: _____

Relinquished by:

Received by:

Signature

Signature

Printed Name

Printed Name

Company

Company

Date

Time

Date

Time

1775 N. Loop 336 E., Suite 4 | Conroe, TX 77301 | 936.756.5333 | Fax 936.756.5357 | nova@novatx.com | www.novatx.com

NOTE: Samples that require extraordinary handling (e.g. unusual sample preparation, extra safety measures, hazardous sample disposal) will incur additional charges. The fees quoted will be honored for samples received within the next 90 days, provided there are no changes in the test procedure or deviations in sample description or quantity. Nova Biologicals, Inc. is committed to performing all testing in accordance with our understanding of GLPs. Test results are applicable only to the samples being tested within the limits of the testing procedure identified and are not necessarily indicative of the characteristics of any other samples from the same or other lots. Nova Biologicals, Inc. shall not be liable under any circumstances for any amount in excess of the cost to the test performed.