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Document Title

**Test Request Submission**

Standard

Effective Date:

Pages

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**PET (Micro-Challenge) Sample Submission Form**

Company Name:

Submission Date:

Sample Description:

Sample Batch/Lot#:

Purchase Order No.:

Test Reports Provided To (Contact Name/Email):

(Lab Use Only)	Please mark ( ✓ ) requested test	
Lab ID#		
	<input type="checkbox"/>	USP <51>
	<input type="checkbox"/>	PCPC
	<input type="checkbox"/>	EP/BP
	<input type="checkbox"/>	Include PET Validation

Please check the box if formula is anhydrous

Client Approval: \_\_\_\_\_

Print Name, Signature, Position

**Lab Use Only**

Verified By:

Date:

Shared Sample:  Yes  No

Sample Condition:  Good  Not Good – If not good, explain:

**Document Information**

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