

Date		Purchase order		Quote Number		LabAnalysis Contact			
Company Name							Label Code		
Company site									
Reporting Contact					e.mail				
Transport conditions/ Storage information (\$)	<input type="checkbox"/> Room temperature, not controlled. <input type="checkbox"/> Room temperature, controlled 15-30°C <input type="checkbox"/> Refrigerated: 5±3°C <input type="checkbox"/> Frozen <input type="checkbox"/> Other conditions						Project code		
						Reconciliation acceptance number labels:	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant		
Check all that apply: is this for? <input type="checkbox"/> GMP <input type="checkbox"/> Non-GMP						Registration Date:	Registered by (name / signature)		
Sample No.	Sample Identifying information (as you would like referenced on the CoA)	Batch. (A)	Requested test	Method Reference (e.g. USP, EP, Client Method, LabAnalysis Internal Method)	Technical specifications	Commercial Release? (only for GMP) (B)	LabAnalysis did Validation or method transfer? (C)	Number of container (D)/Amount	Regulatory authority FDA? (E)
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes (F):

Document attached: \_\_\_\_\_ Name / Signature / Date Customer (G)

Check samples on arrival (Ref.SOP-P-OP-29)	Date:		Sample(s) <input type="checkbox"/> Approved <input type="checkbox"/> All rejected <input type="checkbox"/> Rejected sample(s) (see note) <input type="checkbox"/> All segregated <input type="checkbox"/> Segregated sample(s) (see note)	Notes
Temperature: °C	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant			
Container integrity	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant			
Amount	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant			
Pressure min.:	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant			
Volume min.:	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant			
Compliance of documentation sent by the customer	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant			Checked by (name / signature)

Space to be completed by LabAnalysis \_\_\_\_\_ Space to be completed by Customer (Italian or English) \_\_\_\_\_

- (A) If storage condition is not identified, a condition similar to how the sample was received will be assigned.
- (B) If samples provided are waters, please indicate collection date/time in space indicated for lot.
- (C) Analysis for commercial release:
  - 1) the customer must provide mandatory information about the AIC regarding the requested analysis and ensure that it is in the current version
  - 2) the CoA will contain the declaration compliant to Annex16 cGMP.
- (D) Analytical method used for cGMP analysis must be subjected to validation / transfer before use.
- (E) Number of container/amount
  - 1) please submit separate containers for micro and chemistry testing
  - 2) the amount should allow retest in case of OOS, in accordance to Technical Quality Agreement (only for cGMP analysis)
- (F) Specify if the product is intended to market outside Europe and subject to the regulatory authorities that are not in mutual recognition with the Italian authorities (e.g FDA).
- (G) Note: please fill additional information (e.g. Material Safety Data Sheets, handling information about health, additional information that must be reported on CoA, etc.).
- (H) Signature and date (can be hand written or electronically signed). Indicates approval with all applicable terms and conditions needed to initiate testing.