ANALYTICAL SAMPLE SUBMISSION FORM

AFL
Identify the Difference
A Tentamus Company

Submit Samples To:

Analytical Food Laboratories
Attention To: Sample Management
860 Greenview Drive
Grand Prairie, TX 75050

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:
972.336.0336

COMPANY INFORMATION:

Company Name:	
Company Street Address:	
Company City/State/Zip Code:	
Company Phone Number:	
Samples Submitted By (Name):	
Contact Phone Number:	
Contact Email Address:	
Date of Sample Submission:	
Client Reference	

Please include this submission form with <u>every</u> sample delivery to ensure testing accuracy. If you need assistance filling out this form, contact AFL at 972.336.0336. You can also find this form on our wesite: afltexas.com under Sample Submission.

SPECIAL INSTRUCTIONS FOR TESTING AND RESULTS REPORTING

☐ 1-Day RUSH Testing ☐ 2-Day RUSH Testing

Please Check box: **Required**

☐ Drug Product ☐ GMP Release Testing ☐ R&D Product ☐ N/A

If GMP is required, select one below:

☐ API ☐ Excipient USP Monograph: _____

Average Pill/ Fill Weight: _____ Serving Size: _____g.
• If ml, specify gravity required.

Notes:

Basic 4: As (Arsenic), Cd (Cadmium), Pb (Lead), Hg (Mercury) **Specify if not Basic 4**

Vitamins: A (True retinol), A (Beta carotene), B1 (Thiamine), B2 (Riboflavin), B3 (Niacin/Niacinamide), B5 (Pantothenate), B6 (Pyridoxine), B7 (Biotin), B12 (Cyanocobalamin), B12 (Methylcobalamin), C (Ascorbic Acid), D2 (Ergocalciferol), D3 (Cholecalciferol), E (Tocopherol), K1 and K2.

Allergens: Egg, Milk, Peanut, Soy, Wheat (Gluten), Sesame, Aflatoxin. Tree Nut (Qualitative Only) **Specify Which**

PLEASE PLACE AN "X" INTO THE COLUMN FOR TESTS NEEDED ON EACH SAMPLE
IF YOU NEED A TEST THAT IS NOT LISTED, PLEASE TYPE IT INTO THE SLOTS OR ADD TO "REPORTING INSTRUCTIONS" - *Required

Sample Description: Product Name, Lot and Code Date Numbers, Production Dates	Protein *	Fat *	Moisture *	Calories	Carbohydrates	pH	Water Activity	Peroxide Value (PV)	TOC	Sugar Profile	Salt *	Allergen	Heavy Metals - Basic 4						**Method Reference:** Prefered Method Technique (i.e AOAC 903.5, USP Monograph) *Required	**Specifications / Units of Reporting** **Vitamins:** Specify Form **Viscosity:** Specify Conditions *Required