Title / Titre

## Submission form - laboratory analysis

Doc ID

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specified limits. The test is evaluated as "non-conform" for any other result (potentially non-

conform or strictly non-conform).

Page 1/1

## **SUBMISSION FORM - LABORATORY ANALYSIS**

to be sent prior to you shipment to Medistri SA at lab@medistri.swiss for laboratory analysis

|   |  | be sent prior to you simplifient to intensiti 5A                           |  | laboratory anarysis                |  |               |
|---|--|--|--|------------------------------------|--|---------------|
| CUSTOMER REFEREN  | CES  |  |  |                                    |  |               |
| Company's name  |  |  | Contact person (your reference)  |                                    |  |               |
| Address (street, n°)  |  |  | PLZ / postcode, City , Country   |                                    |  |               |
| E-mail address for sending of certificates  |  |  | E-mail address for sending of invoices   |                                    |  |               |
| ORDER DETAILS   |  |  |  |                                    |  |               |
| express   |  |  | □ standard   |                                    |  |               |
| Orders are processed upon receipt (working days), in priority and according to the minimum deadlines TAT (see price list). An additional 25% charged. Certificates are only released on working days. |  |  | Orders are processed during business days, according to our analysis schedule Certificates are only released on working days.    |                                    |  |               |
| Products  |  | ☐ IT / individual tests ☐ PT / pooltest (precise the quantity of products) | Samples storage conditions   |                                    | ☐ frozen (min20° C) ☐ refrigerated (2 to 8° C) ☐ room temperature (15 to 25° C)                              |               |
| Tests to be performed according to GLP (extra charge)   |  | □ yes  | Sterilisation conditions of samples  |                                    | □ non-sterile     □ sterile     □ sterilisation to be performed by Medistri SA     (□ Eto □ Steam □ other: ) |               |
| Samples disposition after analysis  |  | ☐ discard ☐ return ☐ keep the samples during: (nb days)                    | Have you received an offer from Medistri ? (if yes, please mention the offer reference n°; if no, don't hesitate to ask for one) |                                    | □ yes<br>□ no  | offer ref. n° |
| Language of the final report  |  | □ english<br>□ french  | Certificate of analysis *  |                                    | ☐ one report for each sample<br>☐ one report per kind of analysis  |               |
| INFORMATIONS REGARDING THE SAMPLES  |  |  |  |                                    |  |               |
| Quantity  | Analysis to perform (code Medistri or description) | Name / lot n° of the sample<br>(your référence)                            | IT   | PT                                 | Rem  | arks          |
|   |  |  |  |                                    |  |               |
|   |  |  |  |                                    |  |               |
|   |  |  |  |                                    |  |               |
|   |  |  |  |                                    |  |               |
|   |  |  |  |                                    |  |               |
|   |  |  |  |                                    |  |               |
| CAFETY DECLARATION  | NI .   |  |  |                                    |  |               |
| SAFETY DECLARATION  |  |  | // 2 Elves Elv   |                                    |  |               |
| Is there any chemical, drugs, toxic substances or explosive products inside your products / box ?   |  |  |  |                                    |  |               |
| Medistri has the right to refuse the delivery and / or the process of your products for security reasons. FINALISATION AND SIGNATURE  |  |  |  |                                    |  |               |
| By its signature, the customer confirms that all the informations on this submission  |  |  | Date   |                                    | Signature  |               |
| form are correct and agr  | ees with Medistri's gen                            | eral sales conditions  |  |                                    | 0  |               |
| (available on : www.medistri.com,   | en/general-terms-and-conditions                    | 5)   |  |                                    |  |               |
| TO BE FILLED BY MED   | DISTRI SA ONI Y                                    |  |  |                                    |  |               |
| Date de réception   |  | Nombre de paquets reçus  |  |                                    |  |               |
| Heure de réception  |  | Nombre d'échantillons reçus  |  | Signature opérateur<br>Medistri SA |  |               |
|   |  | ☐ Bon état   |  |                                    | ☐ Plus-value administrat   | ive           |
| Etat des échantillons à la réception  |  |  | Actions et plus-values   |                                    | ☐ Plus-value manipulation  |               |
|   |  | □ Dommage mineur   |  |                                    | □ Envoi des photos des dommages au client  |               |
|   |  | ☐ Dommage majeur   |  |                                    | (préciser la date : )  |               |
| * In case of results supported by specific regulatory limits (chemical residues, biological response),  |  |  |  |                                    |  |               |