



Sample Management and Chain of Custody

(MQA Use Only)

Invoice No.:

Login by/date:

Report No.:

CUSTOMER CONTACT INFORMATION		Quote Reference Number
Company Name		Purchase Order
Street Address		Contact Person
City, State		Phone/Ext.
Zip code		Email

SAMPLE(S) INFORMATION

Sample Name (As will appear in result report)	Sample Lot Number	Number of Containers	Test(s) Requested	Sample Acceptance Criteria (or Report Value)	MQA Sample # (MQA Use Only)
1	<input type="checkbox"/> N/A				
2	<input type="checkbox"/> N/A				
3	<input type="checkbox"/> N/A				
4	<input type="checkbox"/> N/A				
5	<input type="checkbox"/> N/A				
6	<input type="checkbox"/> N/A				
7	<input type="checkbox"/> N/A				
8	<input type="checkbox"/> N/A				

ADDITIONAL INFORMATION

Turn Around Time	<input type="checkbox"/> Standard <input type="checkbox"/> RUSH
Sample Hazards	<input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other _____
Sample Storage Requirements	<input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerator (2-8°C) <input type="checkbox"/> Freezer (-20±10°C) <input type="checkbox"/> Ultracold (-70±10°C) <input type="checkbox"/> Cryogenic (LN2)
Special Instructions/ Comments:	<input type="checkbox"/> NA
Sample Submission and Testing Authorized by*:	Date:
*By signing, you are authorizing MQA to perform the requested tests and agree to MQA's terms and conditions.	
Sample Storage	<input type="checkbox"/> Room Temp. Rm. #/EQ ID: _____ <input type="checkbox"/> Refrigerator (2-8°C) <input type="checkbox"/> Freezer (-20±10°C) <input type="checkbox"/> Ultracold Freezer (-70±10°C) <input type="checkbox"/> Cryogenic (LN2)

Sample Pick-up Temperature	Sample Pick-up Date/Time/By	Sample Arrival Temperature	Sample Arrival Date/Time/By	Sample Integrity	Laboratory Received By/ Date: (EM <input type="checkbox"/> N/A)	Sample Retain
<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____		<input type="checkbox"/> Uncompromised <input type="checkbox"/> Compromised	Tested/Incubated By/ Date: (EM <input type="checkbox"/> N/A)	Location: _____ By date: _____

Comments: NA

Reviewed By/Date: