



# Sample Submission Form

**General Instructions:**

1. Complete Form for Each Set of Samples
2. Email Completed Form to [info@portrett.com](mailto:info@portrett.com)
3. Print Form and Include with Shipment

**Shipping Address:**  
 Portrett Pharmaceuticals  
 Attn: Sample Management  
 5598 Marvin K Moss Lane Suite 2005 Wilmington, NC 28409

Contact Information			
Company Name		Portrett's Quote Reference	
Company Phone		PO #	
	Name	Email	Phone #
Sample Submitter			
Data Recipient			
Invoice Recipient			

Sample Information	
Material Name	
Phase of Development	<input type="checkbox"/> R& D <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III
Special Handling	<input type="checkbox"/> None <input type="checkbox"/> Light Sensitive <input type="checkbox"/> Hydroscopic <input type="checkbox"/> Heat Sensitive <input type="checkbox"/> Other _____
Sample Disposition	<input type="checkbox"/> Return to Sender <sup>1</sup> <input type="checkbox"/> Destroy <input type="checkbox"/> Other _____
Turn Around Requested	<input type="checkbox"/> Expedited <sup>2</sup> Specify TAT (Business Days) _____ <input type="checkbox"/> Normal
Raw Data Required	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No

<sup>1</sup>Additional Fees may apply      <sup>2</sup>Additional fees may apply if not addressed in quote. If not previously discussed, TAT specified is subject to availability.

Sample Description	Lot #	# of Containers	Amount in Container	Storage Required	Testing Requested	Method Reference	Specification Reference

Safety Information	
<input type="checkbox"/> SDS Included in Shipment	Hazardous Material <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Special Handling Required	

**Additional Comments/Information**

Approvals		
Signature of Submitter	Date	
Internal Use Only		
Assigned Project #		Receiver's Initial/Date
Samples Received as Intended	<input type="checkbox"/> Yes <input type="checkbox"/> No	