PORTRETT PHARMACEUTICALS

Sample Submission Form

General Instructions:
1. Complete Form for Each Set of Samples
2. Email Completed Form to 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	□ R& D	□ Phase I	□ Phase II	□ Phase III	
Controlled Substance	□ Schedule II	□ Schedule III	□ Schedule IV	□ Schedule V	
Special Handling	□ None	□ Light Sensitive	□ Hydroscopic	□ Heat Sensitive	□ Other _____
Sample Disposition	□ Return to Sender[1]	□ Destroy	□ Other _____		
Turn Around Requested	□ Expedited[2]	Specify TAT (Business Days) _____		□ Normal	
Raw Data Required	□ Yes[1]	□ No			

[1]Additional Fees may apply

[2]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		
□ SDS Included in Shipment	Hazardous Material	□ Yes □ 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	□ Yes □ No	