

Gold Standard Analytics

Sample Intake Form v1.0

SECTION 1: CLIENT INFORMATION

Company / Organization Name: _____

Contact Name: _____

Email Address: _____

Phone Number: _____

SECTION 2: SAMPLE DETAILS

Sample Name / Compound: _____

Lot Number: _____

Sample Type: Powder Liquid Capsule Other: _____

Quantity Submitted: _____

SECTION 3: TESTING REQUESTED

Purity Only (HPLC) Purity + Identity (HPLC + MS)

Full Panel Endotoxin (LAL)

Heavy Metals Blind Screening

Custom Panel - describe: _____

SECTION 4: AUTHORIZATION

I confirm the above information is accurate.

Signature: _____ Date: _____

Ship samples to: support@goldstandardanalytics.com for address.

Questions? Email support@goldstandardanalytics.com