



# Applied Consumer Services, Inc.

11890 NW 87<sup>th</sup> Court, Unit # 8, Hialeah Gardens, FL 33018  
Phone: (305) 821-1677 Fax: (305) 821-0155 Website: appliedconsumer.com

## SUBMISSION FORM

Date:

<b>Contact Name (s):</b>				
<b>Company Name:</b>				
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>
<b>Phone(s):</b>			<b>E-mail:</b>	
Item	Sample Description	Lot Number	Expiration Date	Concentration (If available)
1				
2				
3				
4				
<b>Analysis/Test (Planned):</b>				
1				
2				
3				
4				
<b>Is cGMP Compliance Required? (Extra charge may apply):</b> YES <input type="checkbox"/> NO <input type="checkbox"/> *				
<b>Project Purpose/Status</b>				
Quality Control <input type="checkbox"/> Research <input type="checkbox"/> Challenge <input type="checkbox"/> Nutrition <input type="checkbox"/> Legal <input type="checkbox"/>				
Deformation/Reformulation *** <input type="checkbox"/> Failure/Forensic <input type="checkbox"/> Shelf Life/Stability <input type="checkbox"/> Others <input type="checkbox"/>				
<b>Storage Conditions:</b> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/>				
<b>Samples Disposition**:</b> Discard <input type="checkbox"/> Return/Extra Charge <input type="checkbox"/> Storage/Extra Charge <input type="checkbox"/>				
<b>Contract:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Non-Disclosure Agreement:    YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>Turnaround Time (Planned)****</b>				
48 – 96hr <input type="checkbox"/> 5 - 8 days <input type="checkbox"/> 9 – 15 days <input type="checkbox"/> 3 – 5 Weeks <input type="checkbox"/> Other <input type="checkbox"/>				
<b>Report:</b> Verbal <input type="checkbox"/> Mailed <input type="checkbox"/> Picked up <input type="checkbox"/> E-mailed <input type="checkbox"/>				
<b>Invoice:</b> Not needed <input type="checkbox"/> Mailed <input type="checkbox"/> E-mailed <input type="checkbox"/>				
<b>Laboratory Fee:</b> Retainer:				
<b>Paid:</b> Check No.      Bank Deposit/Wire/Zelle <input type="checkbox"/> Cash <input type="checkbox"/>				
I accept the Conditions and term of this project		Sign:		Date:
<b>Print Name:</b>				

\* If is no checked, your signature certifies that the results will not be used to support marketing/release of any drug products.  
 \*\* Will be discarded after 30 days (Additional charge may apply if hazardous).  
 \*\*\* Deformation/formulation/Research service is on a "best effort" basis. We offer no guarantee or refunds on work performed.  
 \*\*\*\* Expedite fee will apply for rush service.