



Document Title: Sample Submission Form [Microbiology - Dallas Location]
 Document Number: FRM-PSP-0011 Version: 5.0
 Associated SOP: SOP-PSP-004 Effective Date: 21 Apr 2026

Company Name		Contact		Phone	
Email		Address			
Special Handling	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen		Purchase Order/ Quote #	Sample Return	
	Special Hazard? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach SDS)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sample Type	<input type="checkbox"/> Finished Product: <input type="checkbox"/> Nutritional and Dietary Supplement <input type="checkbox"/> Over the Counter <input type="checkbox"/> Cosmetic				
	<input type="checkbox"/> (Finished Product) Other: _____				
	<input type="checkbox"/> In Process/ Bulk: <input type="checkbox"/> Nutritional and Dietary Supplement <input type="checkbox"/> Over the Counter <input type="checkbox"/> Cosmetic				
	<input type="checkbox"/> (In Process/ Bulk) Other: _____				
<input type="checkbox"/> Raw Material (Include C of A) <input type="checkbox"/> Environmental <input type="checkbox"/> R&D <input type="checkbox"/> Validation					

If no specification is provided, then Report Results Only (RRO) is default and no out-of-specification investigation is performed

Sample Wt/Vol	Sample Name	Formula #	Lot #	Test (A)	Spec. (A)	Test (B)	Spec. (B)	Lab Use Only Sample ID #
				<input type="checkbox"/> TAMC <input type="checkbox"/> Lacto <input type="checkbox"/> Enrich	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	<input type="checkbox"/> TYMC	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	
				<input type="checkbox"/> TAMC <input type="checkbox"/> Lacto <input type="checkbox"/> Enrich	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	<input type="checkbox"/> TYMC	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	
				<input type="checkbox"/> TAMC <input type="checkbox"/> Lacto <input type="checkbox"/> Enrich	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	<input type="checkbox"/> TYMC	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	
				<input type="checkbox"/> TAMC <input type="checkbox"/> Lacto <input type="checkbox"/> Enrich	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	<input type="checkbox"/> TYMC	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	
				<input type="checkbox"/> TAMC <input type="checkbox"/> Lacto <input type="checkbox"/> Enrich	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	<input type="checkbox"/> TYMC	<input type="checkbox"/> <100 <input type="checkbox"/> <10 <input type="checkbox"/> RRO <input type="checkbox"/> Other	

Samples are discarded 7 days from sample receipt

Customer Authorization Signature		Date	
Customer Review Signature		Date	

Lab Use Only

Date Sample Received/Initials		Courier (e.g. UPS)	
Temp. on Arrival		Samples Match Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completed forms should be included in the package containing samples and shipped to the address below:

990 N Bowser Rd, Suite 800, Richardson, TX 75081

Questions while filling out this form? Contact the lab: 682-394-4921