



Document Title: Sample Submission Form [USP Microbiology - Dallas Location]	
Document Number: FRM-PSP-0009	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 Special Hazard? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach SDS)	Purchase Order/ Quote # Sample Return <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	

*Microorganisms and tests listed in light blue are subject to additional fees*

Sample Size	Product Name	Lot #	Specification	USP 60	USP 61	USP 62	Lab ID
			<input type="checkbox"/> <100 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> APC <input type="checkbox"/> Y&M	<input type="checkbox"/> E. Coli <input type="checkbox"/> S. aureus <input type="checkbox"/> P. aeruginosa <input type="checkbox"/> C. albicans <input type="checkbox"/> Salmonella <input type="checkbox"/> Clostridium <input type="checkbox"/> Bile-Tolerant <input type="checkbox"/> Bile-Tol Quantification	
			<input type="checkbox"/> <100 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> APC <input type="checkbox"/> Y&M	<input type="checkbox"/> E. Coli <input type="checkbox"/> S. aureus <input type="checkbox"/> P. aeruginosa <input type="checkbox"/> C. albicans <input type="checkbox"/> Salmonella <input type="checkbox"/> Clostridium <input type="checkbox"/> Bile-Tolerant <input type="checkbox"/> Bile-Tol Quantification	
			<input type="checkbox"/> <100 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> APC <input type="checkbox"/> Y&M	<input type="checkbox"/> E. Coli <input type="checkbox"/> S. aureus <input type="checkbox"/> P. aeruginosa <input type="checkbox"/> C. albicans <input type="checkbox"/> Salmonella <input type="checkbox"/> Clostridium <input type="checkbox"/> Bile-Tolerant <input type="checkbox"/> Bile-Tol Quantification	
			<input type="checkbox"/> <100 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> APC <input type="checkbox"/> Y&M	<input type="checkbox"/> E. Coli <input type="checkbox"/> S. aureus <input type="checkbox"/> P. aeruginosa <input type="checkbox"/> C. albicans <input type="checkbox"/> Salmonella <input type="checkbox"/> Clostridium <input type="checkbox"/> Bile-Tolerant <input type="checkbox"/> Bile-Tol Quantification	
			<input type="checkbox"/> <100 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> APC <input type="checkbox"/> Y&M	<input type="checkbox"/> E. Coli <input type="checkbox"/> S. aureus <input type="checkbox"/> P. aeruginosa <input type="checkbox"/> C. albicans <input type="checkbox"/> Salmonella <input type="checkbox"/> Clostridium <input type="checkbox"/> Bile-Tolerant <input type="checkbox"/> Bile-Tol Quantification	

*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