Customer Information	
Today's Date:	
Customer/Organization Name:	
Customer Number (or N/A):	
Address:	
Billing Address (Street, City, State, Zip):	
Billing Contact:	
Contact Phone:	
Contact Email:	
Preferred Contact Method:	
Purchase Order Number:	
Payment Method*:	□ Upfront cash/credit card (new customers) □ Net 30 (for existing customers only)

*Payments made with credit card will incur an additional 3% fee

Shipping Information (If Applicable)	
Shipping address same as billing?	□ Yes □ No
Attention:	
Shipping Address (Street, City, State, Zip):	
Shipping Contact:	
Contact Phone:	
Shipping Email:	
Shipping Vendor:	
Account Number:	
Special Shipping Instructions:	

Sample Information			
Sample ID	Physical Form	Quantity	Test(s) Requested*
			□ Bioburden □ Conductivity □ Endotoxin □ GC-FID □ pH Testing □ Potentiometric Titration □ Thermogravimetric Analysis □ Viscosity □ Volumetric Titration

* If submitting sample for ISO 17025 accredited testing first ensure it is represented in our current scope of calibration accreditation, which can be found at https://www.forwardbiotechnologies.com

Additional Information/Specifications:	
Biohazard?	□ Yes □ No

Policies:

1. Please submit this completed form to info@forwardbiotechnologies.com. A representative will contact you shortly. Complete one form for each sample type.
2. If submitting sample for ISO 17025 accredited testing first ensure it is represented in our current scope of calibration accreditation, which can be found at https://www.forwardbiotechnologies.com
3. If dropping off, please call (651) 461-4617 or email info@forwardbiotechnologies.com at least one hour prior to ensure proper handoff. Mail sample(s) to:
   Forward Biotechnologies LLC
   100 Bridgepoint Way, Suite 110
   South St. Paul, MN 55075
4. Include a copy of this form with shipment or drop off.
5. Customer is responsible for all shipping costs including package insurance. Forward Biotechnologies does not guarantee proper handling of material while in transit.
6. Ensure sample identifier is clearly visible.
7. Indicate in Additional Information field where you would like the report sent and if sample return is requested.

Business Representative Signature: _____ Date: _____