

This form should be included with each shipment of client-provided samples and devices. This allows HIGHPOWER to properly identify, track and store your samples (clinically used, biohazard, prototype, etc...) Please provide any special considerations that are required for the handling of samples and indicate their final disposition upon the completion of testing performed.



SAMPLE SUBMISSION FORM (SSF)

INSTRUCTIONS:

Please complete all information on this form as applicable to your testing.

A detailed Bill of Materials (BOM) should be sent electronically to HIGHPOWER via e-mail at orders@highpowervtls.com and a hard copy of it sent with the physical SSF. Utilize the associated Quote Number as the subject line for the email.

Upon receipt of samples, all items are inspected and verified against those listed on the SSF. Please send exact quantities as listed on the form.

Sample information Device Name / Project Name, and other identifying information will be taken directly from the form and included in the Protocol and Final Report.

PLEASE NOTE:

Not completing the necessary sections of this form will cause a delay in your project. To reduce project delays, the information on this form must be complete and accurate. Projects begin once we receive:

- Samples
- Completed Sample Submission Form
- BOM
- Purchase Order
- For questions on this form contact clientservices@highpowervtls.com

Send your Samples and BOM with the completed SSF to:

HIGHPOWER Validation Testing & Lab Services
Attn: Receiving Department (SAMPLES)
125 Highpower Road
Rochester, NY 14623 USA

SAMPLE SUBMISSION FORM

Quote #: _____ PO #: _____

FINAL REPORT .pdf mailed (hard copy shipping charges apply)

Sponsor Information

Billing Information

Same as Sponsor

Contact:		Contact:	
Title:		Title:	
Company:		Company:	
Phone:		Phone:	
Address:		Address:	
City:	State:	City:	State:
Country:	Zip:	Country:	Zip:
Email:		Email:	

Sample Information & DEVICE or PROJECT name as it will appear on final documentation

Part or Ref #	Lot or Serial #	Product Name or Description	Quantity

If additional space is needed or there are more samples than available rows you must include a BOM with the shipment

Sample Storage

Sample Disposition

Shipping Account #

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Check all that apply

<input type="checkbox"/> Samples have been submitted sterile. Description of sterilization: <input type="checkbox"/> Samples clinically used, in contact with potential pathogenic substances (exposed to blood/tissue/fluids) <input type="checkbox"/> Samples non-sterile & non-clinically used <input type="checkbox"/> Samples are to be shared between HIGHPOWER studies (list study #'s if known):
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Special Instructions (e.g., sterilization parameters, special handling, additional information, future analysis)

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Additional Device Specific Details (Cleaning and biocompatibility ONLY, contact clientservices@highpowervtl.com with questions)

Part # / Ref. #	Body Contact	Contact Duration	Surface Area to be Tested (patient contacting)	Total Device Surface Area
			cm ²	cm ²
			cm ²	cm ²
			cm ²	cm ²
			cm ²	cm ²
			cm ²	cm ²

Completed by: _____ Date: _____

Laboratory Use ONLY

Sales Order #:	Received by:
Study #:	Date: