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|  | Form No.: LPF013 | Version: 01 | Effective Date: OCT 08 2020 |
| Sample Submission–Test Request | | | Page No.: 1 of 1 |

Section I: Information of Requestor for Sample Analysis (Only One Sample per Form)

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|--|
| Client/Company Name: |
| Client/Company Address: |
| Contact Name and Designation: |
| Contact E-Mail and Phone: |
| Investigation/deviation Communication: (Please provide contact name, company and email) |
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Section II: Sample Information

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|---|--------------------------|
| Sample Description: | |
| Manufacturer: | |
| Manufacturer Lot #: | Manufacturer Expiration: |
| Client Lot #: | Client Receiving #: |
| Sample Form (check): <input type="checkbox"/> Powder <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Other (list): | |
| Sample DEA Schedule (check): <input type="checkbox"/> N/A <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIN <input type="checkbox"/> III <input type="checkbox"/> IIIN <input type="checkbox"/> IV <input type="checkbox"/> V | |
| Number of Containers: | Quantity/Container: |
| Sample Manufacturing Phase (check): | |
| <input type="checkbox"/> Raw Material <input type="checkbox"/> In-Process <input type="checkbox"/> Finished Product <input type="checkbox"/> Commercial <input type="checkbox"/> Stability <input type="checkbox"/> Development <input type="checkbox"/> Validation <input type="checkbox"/> Other (list): | |
| Sample Storage Condition(s): | |

Section III: Tests Requested

| Test/Analysis name | Method Reference | Specification/Protocol Reference | Additional Information |
|--------------------|------------------|----------------------------------|------------------------|
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Note: For full testing, list the specification number. Fill one form for each sample. Send the original form and keep the copy for records.

Section IV: Sample Receiving Record (For Liberty Pharma Inc. Use Only)

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|--|--------------------|
| Sample Received By/Date: | |
| Carrier Name: | Airway/Shipping #: |
| Additional Notes: | |
| Liberty Pharma Inc. Assigned AR No. (tracking purposes): | |
| Head-QU/Designee Approval/Date: | |
| <i>Notes: Completed form filed with QU. Copy of the completed form to be filed with the completed sample records. These services are governed by Liberty Pharma Inc.'s terms and conditions unless a Master Quality/Services Agreement between the parties is in place, in which case that Master Quality/Services Agreement governs the services.</i> | |