## Study Sponsor Information

Company:
Address:
City, State, Zip:
Country

Contact Name:
Telephone:
Fax:
E-mail:

## 

Please provide $\geq 15 \mathrm{mg}$ Test Article in a clearly labeled $\mathbf{2} \mathbf{m L}$ microcentrifuge tube or glass vial. If available, please provide a Safety Data Sheet (SDS) and/or Certificate of Analysis (COA) for each Test Article.

|  | Sample ID | Formula Weight ${ }^{\text {a }}$ | Solubility ${ }^{\text {b }}$ | Purity <br> (\%) | Sample Weight (mg) ${ }^{\text {c }}$ | Storage, Stability, Safety, Metabolites ${ }^{\text {d }}$ | Test Material Number (Stemina Use Only) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Example 1-1234 | 579.05 | Aqueous | 99.0 | 17 mg | Store @ RT, light sensitive | XxX |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

Notes: Please use additional pages as necessary. Molecular weight is the minimum information required, and necessary for solution calculations. For liquids, please provide density information, if available. Please specify solubility in organic solvent and/or aqueous solution, if available. Please make sure sample weights are accurate. If any special handling instructions with respect to sample storage, stability, or safety are required, please provide this information.

Ship To: Stemina Biomarker Discovery, Inc. Attn: Customer Service 504 S. Rosa Rd., Suite 150 Madison, WI 53719

Date of Shipment:
Shipping Conditions:
Shipper's Signature:
Shipper's Phone No.:
Shipper's E-mail:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Acknowledgement of Receipt: (Stemina Use Only)
Date Received:
Were samples in good condition upon receipt? (check one)
O Yes
O No
Received By: $\qquad$ Date:
Project Lead:
Date:

[^0]
[^0]:    Stemina provides testing services in accordance with the sample submission information provided by Client. Stemina warrants that the services provided should be performed in accordance with sample submission information and standard operating procedures for the services requested. Any claim by Client for breach of this warranty shall be made in writing to Stemina no later than ninety (90) days after the date that the report is delivered to Client. Stemina, at its option, shall either re-perform the service or return the fee paid for the service in question. THIS SHALL be the sole warranty of Stemina. under no circumstances shall stemina be liable to the client or any third party claiming by or through the client, as a result of STEMINA'S FAILURE TO PERFORM THE SERVICES, FOR ANY CONSEQUENTIAL, SPECIAL, OR OTHER DAMAGES, INCLUDING DAMAGE ARISING FROM ACTS OF NEGLIGENCE ON THE PART OF Stemina, and the warranty set forth in this paragraph is in lieu of any and all other warranties relating to the services to be performed, express or implied, Including, without limitation, any implied warranties of merchantability or fitness for a particular purpose and non-infringement of a patent, trademark or OTHER INTELLECTUAL PROPERTY RIGHT. IN PURCHASING SERVICES FROM STEMINA, CLIENT EXPRESSLY RELEASES AND DISCHARGES STEMINA FROM ALL SUCH CAUSES OF ACTION OR DAMAGES, Fees and Payment, Client shall make payment to Stemina in accordance with the quotation issued to Client for the relevant Order. Unless otherwise agreed in writing by Stemina, payment terms shall be net thirty (30) days from date of invoice.

