



TEST ARTICLE SHIPPING FORM

Mosaic Laboratories
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CLIA ID# 05D1059086

TO BE COMPLETED BY CLIENT:

CLIENT INFORMATION	
COMPANY:	ADDRESS:
CONTACT PERSON:	
PHONE/FAX:	

PRODUCT DESCRIPTION			
PRODUCT NAME / IDENTITY:		DESCRIPTION:	
ANTIBODY			
CLONE # OR POLYCLONAL:		LOT#:	
SPECIES:	ISOTYPE:	VOLUME:	CONCENTRATION:
EXPIRATION DATE:		STORAGE CONDITIONS: <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> 2-8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C	

DRUG	
LOT#:	EXPECTED IC50 RANGE:
EXPIRATION DATE:	STORAGE CONDITIONS UPON ARRIVAL: <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> 2-8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
	STORAGE CONDITIONS AFTER DILUTION: <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> 2-8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
<input type="checkbox"/> SOLID MASS: _____ MW: _____ Once diluted: SOLVENT: _____ SOLUBILITY: _____ EXP DATE: _____	<input type="checkbox"/> SOLUTION VOLUME: _____ CONCENTRATION: _____ SOLVENT: _____ MW: _____

COMMENTS

TO BE COMPLETED BY MOSAIC LABORATORIES:

RECEIPT OF TEST ARTICLE	
RECEIVED BY INITIALS/DATE/TIME:	CONDITIONS RECEIVED: <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> WET ICE <input type="checkbox"/> ICE PACKS <input type="checkbox"/> DRY ICE
PROJECT #:	CONDITIONS STORED: (Upon receipt)
QC INITIALS/DATE:	Equipment ID: _____ <input type="checkbox"/> 2-8°C Equipment ID: _____ <input type="checkbox"/> -15-30°C Equipment ID: _____ <input type="checkbox"/> - 80°C <input type="checkbox"/> ROOM TEMP

Please ship test articles to: Mosaic Laboratories, 80 Empire Drive, Lake Forest, CA 92630
Phone: 949-340-7598, Fax: 949-340-7330, E-mail: clinicaltrials@mosaiclabs.com