

## VSI Sample Submission Guide



Client Name Address Phone/Email	Provide contact information. Client Name and Address will be listed on the final report.
Submitted By/Date/Time	To be completed by VSI
Purchase Order No.	Provide the purchase order to which you would like us to bill your test. This number will be listed on your invoice.
Number of Samples	Number of total samples you have sent
Hazardous	Check Yes or No. If Yes, describe the hazardous of the sample(s) and provide MSDS.
Sample Identification(s)	Provide a brief description of the sample (Daily Water Sample, Environmental Monitoring Sample, CDA sample, etc.)
Sample Container Description(s)	Provide the type of sample container (sterile bottle, glass bottle, plastic bag, etc.)
Sample ID	List your sample ID and/or lot number as you want it listed on your final report. This also must match the ID found on the physical sample.
VSI Sample ID #	To be completed by VSI
Sampled By	Provide individual name or company name
Sample Date/Time	Provide the date and time (if applicable) of when the sample was taken.
Test(s) Requested	List the type of test(s) requested for each sample (Microbial, Endotoxin, TOC, Enumeration, etc.)
Storage Condition	Provide the description of how the sample should be stored (room temperature, 2-8°C, etc.) if applicable.
Completed By/Date	The person who completed this form.
Comments	Special instructions for processing the sample(s)
Verified By/Date	To be completed by VSI

If you have additional questions, please contact us by phone at 1-650-856-4874 or by email to: [lab@validationsystems.com](mailto:lab@validationsystems.com)