**Instructions:** Electronically complete a single form for each set or batch of samples submitted using Microsoft Word.

Upon completion, please print, sign and date the form at the bottom. If you have any questions, please reach your usual contact at NAMSA or a Technical Advisor at +33 478 079 234 for France. Please include this form with your sample and ship to the NAMSA address that appears below.

**The package must be appropriated and must indicate “biological products for research purpose”.**

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| **Sponsor Information** |
| **Ship To** (final report will be mailed to this address) | **Bill To**  [ ]  Same as Ship To Information |
| **Company Name:** |       | **Company Name:** |       |
| **Contact:** |       | **Address:** |       |
| **Address:** |       | **City, State, Zip:** |       |
| **City, State, Zip:** |       | Country: |       |
| Country: |       | Phone (Accounts Payable): |       |
| Mobile Phone) |       | **Details of the order** |  |
| Phone/Fax: |       | Purchase Order Number  |       |
| E-mail: |       | Proposal Number |       |

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| **Explant Description** |
| Explanted site: |  |
| Used fixative : | Please select one  | If other, please describe:        |
| Number of spécimens provided: |       |
| Storage condition: | Please select temperature | If other, please describe:        |
| Specimens disposition : | Please select one  | [ ]  Return blocks\* [ ]  Return slides\* |
| Presence of implant: | [ ]  No [ ]  Yes (If yes please complete below)  |
|  | Category of the evaluated product  | Please select one  | If other, please describe:        |
|  | Implant type  |       |
|  | Implanted product name  |       |
|  | Implanted product reference  |       |
|  | Implanted product identification | Enter lot/batch/code number:       |
|  | Implant product sterility | [ ]  Sterile [ ]  Non Sterile Sterilization process: Please select processIf other, please describe:        |

\* Additional fees will be applied.

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| **Identification of each specimen** – Please attach study protocol, preclinical data, gross observation, report, x-rays, … |
| **1-** Identification of the explant :  |       |
| Patient initials :       | Gender :       | Birth date :       | Implantation date :       |
| Explantation date :       | Surgeon :       | Hospital :       | City/Country :       |
| **2-** Identification of the explant :  |       |
| Patient initials :       | Gender :       | Birth date :       | Implantation date :       |
| Explantation date :       | Surgeon :       | Hospital :       | City/Country :       |
| **3-** Identification of the explant :  |       |
| Patient initials :       | Gender :       | Birth date :       | Implantation date :       |
| Explantation date :       | Surgeon :       | Hospital :       | City/Country :       |
| **Please add any complementary document in annex.** |
| Comments or Special Instructions  |       |

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| Please print this form and sign. **Signature must be handwritten.**By this signature, the Sponsor assures the exactitude of the information listed above.  |
| Sponsor Signature: | Date:  |

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| **Shipping Information** |
| Please, include a signed copy of this form and ship to the facility as designated below. Thank you for your business. |
| Germany Facility:* Chemical Analysis
* Chemical Characterization
 | France Facility:* *In Vitro* Toxicology
* *In Vivo* Toxicology
* *In Vivo* Efficacy and Functional
* Antimicrobial and Microbiology Specials
* Microbiology (Bioburden, Sterility, LAL)
* Histology
 |
| NAMSA Laboratory Services GmbHAttention: Samples receptionIndustrie Center Obernburg63784 Obernburg Germany | NAMSAAttention: Samples reception115 Chemin de l’Islon38670 Chasse sur RhôneFrance |