

<b>GLP STUDY REQUEST</b>	TO White Lab Srl – Biochem Via Benini, 13 40069 Zola Predosa (BO) - Italy Tel: +39 051-755295
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**To be filled in by the Customer**

<b>CLIENT DATA</b>	
Company Name	VAT
Address	Taxation Number
City	Zip code
State	Country
Phone	E-mail
Reference Person and Title	
Ref. Quotation N.	dated
Purchase Order N.	dated

<b>TEST ITEM INFORMATION</b>	
<b>Commercial name</b>	
<b>Description-Composition</b> Attach documentation	
<b>Code</b>	
<b>Lot or batch</b>	
<b>Sterile item</b>	<input type="checkbox"/> <b>Yes through:</b> ..... <input type="checkbox"/> <b>No</b>
<b>Sample Quantity</b> To be defined and agreed together with Study Director	
<b>Intended use</b>	
<b>Safety, SDS and IFU</b>	
<b>Picture/Draw</b> (Attach documentation)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Implantable device</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

## REQUESTED TESTS AND REFERENCE NORMATIVES

### The Studies are requested under GLP regulation for:

Notified Body.....

Regulatory provision.....

Other .....

### STUDY TIMELINE

.....To be defined and agreed together with the Test Facility White Lab Srl – Biochem

### NOTE

Site.....

Date .....

Title and Signature.....

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**Preso visione del presente modulo di richiesta**

Data .....

Firma della Direzione del Centro di Saggio .....