

# CRITERION CHEMISTRIES

## Custom Control Quote Request Form & Credit Card Authorization

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Type of Laboratory (reference lab, hospital, or POL): \_\_\_\_\_

CLIA ID# \_\_\_\_\_

COLA or CAP ID# \_\_\_\_\_

### Laboratory Contact

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Title: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

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### Billing Information

Responsible Person: \_\_\_\_\_

Billing address  
(if different from above): \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Once you receive your quote and place an order, payment must be paid up-front. Payment can be made by check or credit card. Please mail checks to the address below. Credit card authorization forms can be emailed to [info@critterionchemistries.com](mailto:info@critterionchemistries.com).

Criterion Chemistries, LLC  
Accounts Receivable  
490 Wildwood North Circle Suite 110  
Homewood, AL 35209  
(205) 874-9681

### Test Menu:

- I have my test menu. Please e-mail an excel spreadsheet including upper and lower limits of quantitation for each analyte to [info@critterionchemstries.com](mailto:info@critterionchemstries.com)
- I don't have my test menu and I need help.
  - Call me at \_\_\_\_\_
  - email me at \_\_\_\_\_

### Recipe:

- I have my recipe and it is attached.
- I don't have a recipe and I need help.

### Product Options:

- Spiking Solution in Methanol. This has your target analytes at specified concentrations in methanol. You can spike it into the matrix of your choice. The minimum volume is 10 mL. Your laboratory is responsible for ongoing stability studies.

(continued on next page)

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- Mixed controls in the matrix of your choice or mobile phase of your choice. They can be sent liquid, frozen, or frozen single use aliquots. Your laboratory is responsible for ongoing stability studies.
  - Urine
  - Oral Fluids
  - Other: \_\_\_\_\_
  
- Complete urine toxicology confirmation kit. This kit contains analyte controls, glucuronide controls, internal standard, and blank urine in single use frozen aliquots.
  
- Complete urine toxicology validation kit. This kit contains controls, glucuronide controls, internal standard, blank urine, linearity of dilution, matrix effects, solutions used for optimization and specificity (tuning solutions), and concomitant medications/interfering substances in single use frozen aliquots. Please see our validation protocol for how to get started.
  
- Something else. If you need something that we don't have listed, please send an email to [info@critterionchemistries.com](mailto:info@critterionchemistries.com) or call us at 205.874.9681 and we will work with you to meet your control needs.

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Complete and sign this form to authorize Criterion Chemistries, LLC to make the charges to your credit card listed below. Email completed form to [info@critterionchemistries.com](mailto:info@critterionchemistries.com).

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Criterion Chemistries, LLC to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

2019 Split Sample Study(ies).  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV	_____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize Criterion Chemistries, LLC business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.