

	Sample Hazard Information Client Request Form	For Office Use Only	
		MA#	PL:
850 Pasquinelli Drive, Westmont, IL, 60559 U.S.A . Tel. 630.887.7100 · Web. www.mccrone.com			

Request for Information

In order to assure that potentially hazardous substances being submitted to McCrone Associates, Inc. (MA) for analysis are handled, stored, and disposed of safely and properly, we request that you complete and submit this form to MA for evaluation and approval prior to submitting samples for analysis. This form does not supersede or replace the need for a client to submit a Safety Data Sheet (SDS) when available and/or sample submission form, but rather is intended to be used as a pre-receipt hazard assessment tool by McCrone Project Leaders to complement the SDS or provide information where no SDS is available. Controls and procedures recommended should be consistent with those for handling the material in your workplace. Please seek assistance from your company's Environmental, Health and Safety Department, as necessary. Receipt of this form by MA does not constitute an acceptance of the sample for analysis. MA cannot receive materials that require a RAM license, contain actinides, and/or exhibit current or past radioactivity.

Client Contact Information

Company:	Contact Name:
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Sample Hazard Warning, Toxicity Information, and Exposure Control

Product Name/Description:	UN ID:			
No. of Units:	Unit Volume/Mass:	Concentration of API:		
Physical State/Form: <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Solid <input type="checkbox"/> Tablet <input type="checkbox"/> Gel <input type="checkbox"/> Ointment <input type="checkbox"/> Other:				
Container Type: <input type="checkbox"/> Vial <input type="checkbox"/> Syringe <input type="checkbox"/> IV Unit <input type="checkbox"/> Other:				
Known or Probable Health Hazards: <input type="checkbox"/> Carcinogen <input type="checkbox"/> Teratogen <input type="checkbox"/> Mutagen <input type="checkbox"/> Acutely Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Biohazard (BSL-_____) <input type="checkbox"/> Pathogen <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other:				
If a Biohazard, Type: <input type="checkbox"/> Human Cell Line <input type="checkbox"/> Monoclonal Antibody <input type="checkbox"/> Blood or OPIM <input type="checkbox"/> Explant Medical Device <input type="checkbox"/> Hormone <input type="checkbox"/> Protein <input type="checkbox"/> Human siRNA <input type="checkbox"/> Virus/Viral Vector <input type="checkbox"/> Bacteria <input type="checkbox"/> Fungi <input type="checkbox"/> Other:				
If a Virus/Viral Vector: <input type="checkbox"/> Live <input type="checkbox"/> Deactivated Replication: <input type="checkbox"/> Competent <input type="checkbox"/> Incompetent Recombinant: <input type="checkbox"/> Yes <input type="checkbox"/> No				
OEL / PEL (µg/m³):	Oral LD₅₀ (mg/kg):	Inhalation LD₅₀ (mg/kg):	Dermal LD₅₀ (mg/kg):	NOAEL (mg/kg/day):

Safe Handling Environment/ Engineering Controls:	<input type="checkbox"/> Open Bench <input type="checkbox"/> Laminar Flow Hood <input type="checkbox"/> Chemical Fume Hood <input type="checkbox"/> Biosafety Cabinet Type _____ <input type="checkbox"/> Glovebox <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other:
Personnel Protective Equipment (PPE):	<input type="checkbox"/> Protective Garment <input type="checkbox"/> Laboratory Gloves, Type: _____ <input type="checkbox"/> Protective Eyewear <input type="checkbox"/> Respirator, Type: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other:

Spill Containment / Disinfection:

Additional Comments:	McCrone Control Band *
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Client Requestor	McCrone Project Leader
To the best of my knowledge, all of the information included, herein, is current, accurate, and true as it pertains to sample materials to be submitted to MA.	The McCrone Control Band(s) assigned above is based on information provided by the client, herein, and McCrone's current Environmental, Health, and Safety Plan.
<i>Client Signature</i>	<i>McCrone Project Leader Signature</i>
<i>Date</i>	<i>Date</i>

* The McCrone Control Band is assigned by a McCrone Project Leader based on the product SDS and above information in compliance with The McCrone Group's current EH&S Plan.

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Title: Annex 24 - Sample Hazard Info Request	Document Id: FRM-EHS-0006
McCrone Associates, Inc.	Revision: 03 Page: 2 of 2

REVISION HISTORY

Revision	Author	Reason for Change	Supersedes
03	TVH	Reformat for biologic materials	02 06 May 2019
02	CAM	add a statement that we cannot receive materials that require a RAM license or contain actinides	01 28 Apr 2017
01	CAM	EDMS Format Update	00
00	TVH	New	n/a

Document Approval Signature			
APPROVED BY:	Cheryl A. Murley	TITLE:	Director of Quality Assurance & Regulatory Affairs
SIGNATURE/DATE:	Signature/Date on File in EDMS		

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