

133 Holiday Court Suite 106 Franklin TN 37067

Peptide Purity Testing Intake Form

Test Descriptions & Pricing

Purity & Identification - \$200.00

Foundation of every analysis.

This test uses HPLC and/or mass spectrometry to confirm the identity of your peptide and determine its chemical purity. It ensures your material is correctly synthesized and free of major impurities.

Net Peptide Content – \$25.00 (bundled with Purity & ID)

Recommended with all purity testing.

This test quantifies the actual amount of peptide present, excluding water, salts, or counterions—providing a more accurate basis for experimental dosing.

Endotoxins - \$175.00 (Additional Vial Required)*

Critical for biological research applications.

Detects bacterial endotoxins that may impact cell culture or in vivo research.

Sterility Screening (PCR-Based) – \$150.00 (Additional Vial Required)*

Rapid microbial contamination screening.

Uses PCR to detect microbial DNA in the sample, providing fast and sensitive identification of potential contamination under validated laboratory conditions.

Conformity Testing – \$50 per Additional Vial- Targeted RUO screen for fentanyl-related compounds in the submitted sample. Not intended for diagnostic, therapeutic, or medical purposes.

Fentanyl Screen – \$40.00- This screen evaluates the submitted research sample for the presence of fentanyl-related compounds. This test is intended for research-use-only screening and is not intended for diagnostic, therapeutic, or medical purposes.

**If both Endotoxins and Sterility are requested only one additional vial is needed*

SAMPLE SUBMISSION INFORMATION

Company / Organization Name:

Important: The Certificate of Analysis (COA) will list ONLY the Company/Organization Name entered above.

Contact Person: _____

Phone Number: _____

Email Address: _____

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- Combine test results to display on one CoA per sample.

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[illegible]

Additional Screening Options:

Fentanyl Screen - \$40.00 per sample

Comments:

Acknowledgment

By signing below, you confirm that all information provided is accurate to the best of your knowledge. you also acknowledge that the sample(s) comply with all applicable regulations for transportation and handling. All sample testing services are for research use only. Results are not intended for diagnostic, therapeutic, or medical purposes.

Signature: _____

Date: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Contact Name:

Company Name:

Credit Card Information			
Card Type:	☐ MasterCard	☐ VISA	☐ Discover ☐ AMEX
	☐ Other _____		
Cardholder Name (as shown on card): _____			CVV: _____
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date