



133 Holiday Court Suite 106 Franklin TN 37067

## Peptide Purity Testing Intake Form

### Test Descriptions & Pricing

#### **Purity & Identification - \$200.00**

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

#### **Net Peptide Content - \$25.00 bundled with Purity & ID**

This test quantifies the actual amount of peptide present, excluding water, salts, or counterions. It provides an accurate basis for dosing in experimental settings.

#### **Endotoxins - \$175.00 (Additional Vial Required)**

Endotoxin testing determines whether bacterial endotoxins are present in your sample. This is critical if your peptide will be used in cell culture or in vivo experiments.

**Conformity Testing – \$50 per Additional Vial-** This test evaluates batch uniformity by comparing additional vials from the same lot to the primary sample analyzed for Purity & Identification. Multiple vials may be tested to verify consistency across the batch.

### 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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# SAMPLE DETAILS & TESTING SELECTION

Select All Testing Options

Disclaimer: All sample testing services are for research use only. Results are not intended for diagnostic, therapeutic, or medical purposes.

Sample Name / ID	Expected mg	Lot Number	Select All	Purity & ID (\$200)	Net Peptide (+\$25)	Endotoxins (\$175) (Additional Vial Needed)	Conformity Test (Additional \$50.00 Per Vial)	Vial Photo (No Fee)

Combine Endotoxin and/or Conformity test results with the primary Purity & Identification results on a single COA.

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: \_\_\_\_\_



# F R E E D O M

DIAGNOSTICS

## 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:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> 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