



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

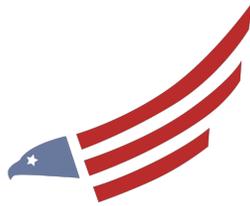
Comments:

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

D I A G N O S T I C S

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.

| 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