



27013 East Lillian Street, Hebron, MD 21830  
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## SCOPE OF WORK

### Company Contact Information

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Company name:

Company mailing address:

Contact name:

Phone number:

Email:

### Billing/Accounts Payable Information

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Company billing address:

Accounts payable contact:

Phone number:

Email:

### Description of Services

### Experiment #:

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*Please provide a detailed description of the desired services for your project:*

### Sample Manifest

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*Please attach a spreadsheet (excel or csv) that details the sample ID, contents, trial number, etc. of all the samples to be received.*

### Client Signature

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Name/Title

Date

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