

PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH SAMPLE. One sample per form ONLY.

CHALLENGE PRODUCT TESTING SUBMISSION FORM		
Preservative System(s)	Comment	Test Type Minimum Amount of Sample Required
		<input type="checkbox"/> USP 28 Day Challenge Product Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 4 oz.
		<input type="checkbox"/> CTFA Challenge Product Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 6 oz.
		<input type="checkbox"/> European Challenge Product Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 4 oz.
		<input type="checkbox"/> Rapid Screening 4 oz.
<i>If selecting CTFA Testing, specify test microorganisms:</i>		
Disclaimer: Suitability testing is required per USP <51> but must be requested separately. Please see the Suitability Submission Form CQF7-00003. Note: All samples will be stored at room temperature, unless special handling indicates otherwise. Method validations are the responsibility of the manufacturer for each product.		
<i>Complete sample information below to be included on the result report.</i>		
PRODUCT NAME:		
LOT/FORMULA No.:		
SAMPLE SIZE:	SPECIAL HANDLING: <input type="checkbox"/> N/A <input type="checkbox"/>	
STABILITY – INTERVAL: <input type="checkbox"/> N/A <input type="checkbox"/>		
SPECIAL HANDLING/COMMENTS/CUSTOMER PROVIDED METHOD(S):		

CUSTOMER AGREES BY SIGNATURE BELOW THAT ALL INFORMATION PROVIDED HAS BEEN REVIEWED AS PER GMP AND AGREES TO ANALYSIS & FEES FOR THE PRODUCTS LISTED ABOVE. SIGNATURE REQUIRED FOR TESTING TO BE INITIATED.

Customer Release Signature: _____ Date: _____

Customer Review (Witness) Signature: _____ Date: _____

COMPANY:	COMPANY CONTACT:
PHONE:	EMAIL:
ADDRESS:	

DO NOT write below — FOR LAB USE ONLY

Color:	State:
Sample Received By/Date:	Lab Number Assigned (if any)
Micro Challenge Number:	
Test Completed By/Date:	
Reviewed By/Date:	