



Certified Laboratories

A Certified Group Company

CQF3-00003 Stability Product Testing Submission Form

DOCUMENT NO:174975

REVISION: 2

ATTN: Sample Receiving | 3218 Commander Dr. Suite 100, Carrollton, TX 75006 | (972) 250-2902 | carrollton.stability@certifiedgroup.com

| | | | | | | |
|--|-------------------------------|--|--|--|-------------------------------|--|
| Sample Size: | | Product Name: | | | Lot/Formula No.: | |
| Packaging Material: | | | Semi-permeable container? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Po/Ref. No: | |
| Product Category: <input type="checkbox"/> OTC <input type="checkbox"/> Cosmetic <input type="checkbox"/> Nutritional <input type="checkbox"/> Medical Device <input type="checkbox"/> Rx <input type="checkbox"/> Storage <input type="checkbox"/> Other: | | | | | | |
| Product Type: <input type="checkbox"/> Raw Material <input type="checkbox"/> Bulk/In Process <input type="checkbox"/> Finished Good | | | | Special Handling: | | |
| Active Ingredient or Preservative to be Tested | Specification Amount or Range | Active Ingredient or Preservative to be Tested | Specification Amount or Range | Active Ingredient or Preservative to be Tested | Specification Amount or Range | Active Ingredient or Preservative to be Tested |
| | | | | | | |
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Stability Test Requirements

***After the final pull date, products are Stored for three (3) months prior to disposal. ***

Stability Project Interval(s) (in months)

Accelerated: Initial 1 2 3 6 9 12 Other:

Intermediate: Initial 1 2 3 6 9 12 18 24 30 36 48 60 Other:

Long Term: Initial 1 2 3 6 9 12 18 24 30 36 48 60 Other:

Organoleptic Identification Test

Intervals: All selected with the Stability PJT. Field Other:

Appearance: Color:

Package/Product Incompatibility Odor:

Viscosity Determination Testing

Intervals: All selected with the Stability PJT. Field Other:

Specification Range: Time:

Spindle Type: Speed:

pH Determination Testing

Intervals: All selected Intervals Other:

Specification: Range: Report Results Only (RRO)

Specific Gravity Testing

Intervals: All selected Intervals Other:

Specification: Range: Report Results Only (RRO)

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Weight-Loss Identification Test Intervals: All selected Intervals Other:

Period After Opening (PAO) Test Intervals: All selected Intervals Other:

Freeze-Thaw Test Intervals: All selected Intervals Other:

Preservative Challenge Test Intervals: All selected Intervals Other:

Kill Rate Test Intervals: All selected Intervals Other:

Microbial Limits Testing Specification: <100 Other: Intervals: All selected Intervals Other:

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. **ALL ANALYTICAL SAMPLES REQUIRE VALIDATION PER FDA REGULATIONS.**

COMMENTS / CUSTOMER PROVIDED METHOD(S):

Customer Release

Signature: _____

Date: _____

Customer Witness

Signature: _____

Date: _____

REQUIRED FOR TESTING TO BE INITIATED

Company: _____

Phone: _____

Address: _____

Company Contact: _____

Email: _____

Please DO NOT write below — LAB USE ONLY

Stability Project No. _____

Sample(s) Received By (initials) and Date: _____

Quantity of Sample(s) Received: _____

Entered to database by (initials) / Date: _____

Clerical Review by (initials) / Date: _____

Technical Review by (initials) / Date: _____

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STANDARD: _____

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