

STABILITY

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STABILITY TESTING – SUBMISSION FORM

BUSINESS NAME:

PO #:

Bill To:

Date:

Product Category:

Nutritional Sample Cosmetic OTC Medical Device Rx Homeopathic STORAGE Other _____
Chemical SDS included: Yes No Requested Amazon Submission

Contact Name/ Protocol approver:

Phone:

E-Mail:

Salesperson:

Spec/COA Provided with the shipment

Note: Stability results are released via Certified Laboratories portal.

No.	Accession #: (Accession # for Certified Laboratories Use Only)	Product Name	Formula# Product Code# Batch # Lot# (whichever applies)	Package Size	Quantity	Type of Sample: (FG, Bulk, R&D)	Temperature Condition	Intervals	Quote# (Required without service agreement)	PET / Challenge test	
										Yes <input type="checkbox"/>	Intervals: _____ No <input type="checkbox"/>
1.											
2.											
3.											
4.											
5.											

Attention:

Comment:

For Certified Laboratories use only:

Received By/ Date: (Receiving Dept.)

Sample Integrity Check by:

Received By/ Date: (Stability Dept.)

Sample Integrity Check by:

Note: Note: All analytical samples need to be validated on FDA requirements. Please note a validation will be performed with a customer request for a specific sample.
If the acceptable percentage range is not provided for the sample, an "Out of Specification" report cannot be issued.