



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

CHALLENGE PRODUCT TESTING CHAIN OF CUSTODY 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 Chain of Custody. 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"/>			
COMMENTS:			

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. 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

<i>Sample Received By/Date:</i>	<i>Lab Number Assigned (if any)</i>
<i>Micro Challenge Number:</i>	
<i>Test Completed By/Date:</i>	
<i>Reviewed By/Date:</i>	