

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

CHALLANGE PRODUCT TESTING SUBMISSION FORM					
Preservative System(s)	Comme		Test Type	Minimum Amount of Sample Required	
			□ USP 28 Day Challenge Product Category □1 □2 □3 □4	4 oz.	
			☐ CTFA Challenge Product Category □1 □2 □3	6 oz.	
			European Challenge Product Category 1 2 3	4 oz.	
			Rapid Screening	4 oz.	
If selecting CTFA Testing, specify test microorganisms:					
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.					
Complete sample information below to be included on the result report.					
PRODUCT NAME:					
LOT/FORMULA No.:					
SAMPLE SIZE:	SPECIAL HANDLING: N/A				
STABILITY – INTERVAL: N/A					
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. REQUIRED FOR TESTING TO BE INITIATED.					
Customer Release Signature: Date:					
Customer Review (Witness) Signature: Date:					
COMPANY:	COMPANY CC		DNTACT:		
PHONE:	EMAIL:				
ADDRESS:					
DO NOT write below — FOR LAB USE ONLY					
Color: St		State:			
		Lab Nurr	ab Number Assigned (if any)		
Micro Challenge Number:					
Test Completed By/Date:					
Reviewed By/Date:					