



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

STABILITY PRODUCT TESTING CHAIN OF CUSTODY SUBMISSION FORM

PRODUCT NAME:

SAMPLE SIZE:

LOT/FORMULA No.:

SPECIAL HANDLING:

N/A

PO/Ref. No:

N/A

PRODUCT CATEGORY

OTC COSMETIC NUTRIONAL MEDICAL DEVICE Rx STORAGE OTHER

PRODUCT TYPE

FINISHED GOOD BULK/IN PROCESS RAW MATERIAL

Active Ingredient(s)/Preservative(s)	Amount (%)	Active Ingredient(s)/Preservative(s)	Amount (%)

Stability Test Requirements

Appearance:

Color:

Odor:

pH Range:

Viscosity Range:

Viscosity Spindle:

Viscosity Speed:

LIST STABILITY INTERVAL(S) (in months):

Accelerated 1 2 3 6 9

Long-Term 1 2 3 6 9

12 18 24 36 48

Initial testing (Interval = 0 months)

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

PRESERVATIVE CHALLENGE TEST:

at Intervals (months):

N/A

Microbial Limits or Bioburden Testing:

at Intervals (months):

N/A

Specification: <100 Other:

N/A

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. **NOTE:** ALL ANALYTICAL SAMPLES REQUIRE VALIDATION PER FDA REQUIREMENTS.

COMMENTS:

Customer Release Signature: _____

Date: _____

REQUIRED FOR TESTING TO BE INITIATED

COMPANY:	COMPANY CONTACT:
PHONE:	EMAIL:
ADDRESS:	

DO NOT write below — FOR LAB USE ONLY

Sample(s) Received By/Date:	Quantity of Samples required (includes excursion testing):
Test(s) Completed By/Date:	
Lab Number Assigned (if any)	Reviewed By/Date: