

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

STABILITY PRODUCT TESTING SUBMISSION FORM			
<b>PRODUCT NAME:</b>			
<b>SAMPLE SIZE:</b>		<b>LOT/FORMULA No.:</b>	
<b>SPECIAL HANDLING:</b>	<input type="checkbox"/> N/A		
<b>PO/Ref. No:</b>	<input type="checkbox"/> N/A		
<b>PRODUCT CATEGORY</b>	<input type="checkbox"/> OTC <input type="checkbox"/> COSMETIC <input type="checkbox"/> NUTRIONAL <input type="checkbox"/> MEDICAL DEVICE <input type="checkbox"/> Rx <input type="checkbox"/> STORAGE <input type="checkbox"/> OTHER		
<b>PRODUCT TYPE</b>	<input type="checkbox"/> FINISHED GOOD <input type="checkbox"/> BULK/IN PROCESS <input type="checkbox"/> RAW MATERIAL		
<b>Active Ingredient(s)/Preservative(s)</b>	<b>Amount (%)</b>	<b>Active Ingredient(s)/Preservative(s)</b>	<b>Amount (%)</b>
<b>Stability Test Requirements</b>	<b>Appearance:</b>		
<b>Color:</b> <input type="checkbox"/> N/A	<b>Odor:</b> <input type="checkbox"/> N/A	<b>pH Range:</b>	<input type="checkbox"/> N/A
<b>Viscosity Range:</b> <input type="checkbox"/> N/A	<b>Viscosity Spindle:</b> <input type="checkbox"/> N/A	<b>Viscosity Speed:</b>	<input type="checkbox"/> N/A
<b>LIST STABILITY INTERVAL(S) (in months):</b>  <input type="checkbox"/> Initial testing (Interval = 0 months) <small>After the final pull date, products are stored for three (3) months prior to disposal.</small>	<b>Accelerated</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
	<b>Long-Term</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
		<input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48	
<b>PRESERVATIVE CHALLENGE TEST:</b>	<b>at Intervals (months):</b> <input type="checkbox"/>		<input type="checkbox"/> N/A
<input type="checkbox"/> Microbial Limits or <input type="checkbox"/> Bioburden Testing:	<b>at Intervals (months):</b> <input type="checkbox"/>		<input type="checkbox"/> N/A
<b>Specification:</b> <input type="checkbox"/> <100 <input type="checkbox"/> Other:			<input type="checkbox"/> 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.

**SPECIAL HANDLING/COMMENTS/CUSTOMER PROVIDED METHOD(S):**

Customer Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED FOR TESTING TO BE INITIATED**

<b>COMPANY:</b>		<b>COMPANY CONTACT:</b>	
<b>PHONE:</b>		<b>EMAIL:</b>	
<b>ADDRESS:</b>			

**DO NOT write below — FOR LAB USE ONLY**

<i>Color:</i>	<i>State:</i>
<i>Sample(s) Received By/Date:</i>	<i>Quantity of Samples required (Includes excursion Testing):</i>
<i>Test(s) Completed By/Date:</i>	
<i>Lab Number Assigned (if any)</i>	<i>Reviewed By/Date:</i>