



Certified Laboratories

A Certified Group Company

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SPECIAL STUDY TESTING CHAIN OF CUSTODY SUBMISSION FORM

MICROORGANISM NAME	ATCC #	ACTIVE INGREDIENTS	TEST TYPE
			<input type="checkbox"/> Minimum Inhibition Concentration
			<input type="checkbox"/> Zone of Inhibition
			<input type="checkbox"/> Kill Rate(Time-Kill)
			Intervals:

Complete sample information below to be included on the result report.

PRODUCT NAME	
SAMPLE SIZE	LOT/FORMULA No.
SPECIAL HANDLING <input type="checkbox"/> N/A <input type="checkbox"/>	
COMMENTS 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.	

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.

COMPANY:	COMPANY CONTACT;
PHONE:	EMAIL:
ADDRESS:	
CUSTOMER RELEASE SIGNATURE/DATE:	CUSTOMER REVIEWED(WITNESS) SIGNATURE/DATE:

DO NOT write below - FOR LAB USE ONLY

Sample Received By/Date:	Lab Number Assigned (if any)
Special Study ID Number:	
Test Completed By/Date:	Reviewed By/Date: