



Certified Laboratories

A Certified Group Company

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PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH THE PRODUCT.

SUITABILITY PRODUCT TESTING CHAIN OF CUSTODY SUBMISSION FORM

Preservative System(s)	Test Type	Minimum Amount of Sample Required
	<input type="checkbox"/> Aerobic Plate Count	8 oz.
	<input type="checkbox"/> Enrichment	8 oz.
	<input type="checkbox"/> Sterility	8 oz.

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

PRODUCT NAME:

SAMPLE SIZE:

LOT/FORMULA No.:

SPECIAL HANDLING:

N/A

PO/REF NO.:

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

Sample Received By/Date:

Lab Number

Assigned (if any)

Micro Challenge Number:

Test(s) Completed By/Date:

Reviewed By/Date: