

ATTN: Sample Receiving 3218 Commander Dr. Suite 100, Carrollton, TX 75006 carrollton.micro@certifiedgroup.com (972) 250-2902

PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH THE PRODUCT.

Preservative System(s) Test Type Aerobic Plate Count 3 oz. Aerobic Plate Count 3 oz. Sterility 4 oz. Sterility 5 oz. Sterility 6 oz. Sterility 7 oz. Sterility 7 oz. Sterility 7 oz. Sterility 7 oz. Sterility 8 oz. Sterility	SUITABILITY PRODUCT TESTING SUBMISSION FORM					
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.: 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: CUSTOMPANY: 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:	Preservative System(s)		Test Type			
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Assigned (if any) Micro Challenge Number:	DO NOT	write below – FOR	LAB USE	ONLY		
Micro Challenge Number:	Sample Received By/Date:					
Test(s) Completed By/Date:			Assigned (
	Micro Challenge Number:		71551g/rea (1	if any)		
Reviewed By/Date:			7.55.gr.cu (if any)		

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