

PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH THE PRODUCT.

SUITABILITY PRODUCT TESTING SUBMISSION FORM	
Preservative System(s)	Test Type <i>Minimum Amount of Sample Required</i>
	<input type="checkbox"/> Aerobic Plate Count 8 oz.
	<input type="checkbox"/> Enrichment 8 oz.
	<input type="checkbox"/> Sterility 8 oz.
<i>Complete sample information below to be included on the result report.</i>	
PRODUCT NAME:	
SAMPLE SIZE:	LOT/FORMULA No.:
SPECIAL HANDLING: <input type="checkbox"/> 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: _____

COMPANY:	COMPANY CONTACT:
PHONE:	EMAIL:
ADDRESS:	

DO NOT write below – FOR LAB USE ONLY

<i>Sample Received By/Date:</i>	<i>Lab Number Assigned (if any)</i>
<i>Micro Challenge Number:</i>	
<i>Test(s) Completed By/Date:</i>	
<i>Reviewed By/Date:</i>	