Please email this form to carrollton.micro@certifiedgroup.com Prior to the shipping of samples

3218 Commander Dr. Carrollton, TX 75006 | (972) 250-2902

Product Description (Include Size)	Lot / Formula #	Solid/ Liquid	APC Spec	YM Spec	Lacto Spec	EN	Special Request
CUSTOMER AGREES BY SIGNATURE THAT ALL INFORMATION PROVIDED HAS BEEN REVIEWED AS PER cGMP AND AGREES TO ANALYSIS & FEES FOR THE PRODUCTS LISTED. THIS FORM MAY NOT BE ALTERED. Product name and Lot/Formula # must match the physical product and is required for testing to be initiated.							
Customer Release Signature:		, , , , , , , , , , , , , , , , , , ,			ate:		
Customer Review (Witness) Signature	e:			Da	ate:		
COMPANY:		СС	MPANY CO	NTACT:	•		
PHONE:	EMAIL:	-					
ADDRESS:	1						
Return Samples? Yes No	Comments):			_		
FodEV / Couiror Account #	20						

 Data Entry By/Date:
 TESTS INITIATE (LAB ONLY)

 Date (Technical) Reviewed By/Date:
 Initials/Date:
 Initials/Date:

DO NOT write below — FOR INTERNAL USE ONLY

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