

## Stability Test Sample CHAIN OF CUSTODY



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**PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH THE PRODUCT.**

In order to initiate your stability in a timely manner and assure that the results obtained at the time of testing are within your specifications, please take a minute to provide us with the following information:

PRODUCT NAME:

SAMPLE SIZE:

LOT/FORMULA No.:

SPECIAL HANDLING:

N/A

PO/Ref. No:

N/A

SAMPLE TYPE:

OTC

Cosmetic

Active Ingredient(s)/Preservative(s)	Amount (%)	Active Ingredient(s)/Preservative(s)	Amount (%)

**Stability Test Requirements**

Appearance:

Color:

Odor:

pH Range:

Viscosity Range:

Viscosity Spindle:

Viscosity Speed:

LIST STABILITY INTERVAL(S) (in months):

Accelerated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9
Long-Term	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9
	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48

Initial testing (Interval = 0 months)

After the final pull date, products are stored for three (3) months prior to disposal.

PRESERVATIVE CHALLENGE TEST:

at Intervals (months):

N/A

Microbial Limits or  Bioburden Testing:

at Intervals (months):

N/A

Specification:  <100     Other:

N/A

COMMENTS:

Customer Release Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED FOR TESTING TO BE INITIATED**

COMPANY:	CONTACT:
PHONE:	FAX:
EMAIL:	
ADDRESS:	

**DO NOT write below — FOR LAB USE ONLY**

Sample Received By/Date:	Lab Number Assigned (if any)
Test(s) Completed By/Date:	
<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM	Reviewed By/Date: