

## Challenge Test Sample CHAIN OF CUSTODY



**Microconsult, Inc.**

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

| Preservative System(s) | Comment | Test Type   | <i>Minimum Amount of Sample Required</i> |
|------------------------|---------|---|--|
|                        |         | <input type="checkbox"/> <b>USP 28 Day Challenge</b><br><i>Product Category</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <b>4 oz.</b>                             |
|                        |         | <input type="checkbox"/> <b>CTFA Challenge</b><br><i>Product Category</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3                                  | <b>6 oz.</b>                             |
|                        |         | <input type="checkbox"/> <b>European Challenge</b><br><i>Product Category</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3                              | <b>4 oz.</b>                             |
|                        |         | <input type="checkbox"/> <b>Rapid Screening</b>   | <b>4 oz.</b>                             |

*If selecting CTFA Testing, specify test microorganisms:*

**Disclaimer:** Suitability testing is required per USP <51> but must be requested separately. Please see the Suitability Chain of Custody.

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

PRODUCT NAME:

LOT/FORMULA No.:

SAMPLE SIZE:

SPECIAL HANDLING:  N/A

STABILITY – INTERVAL:  N/A

COMMENTS:

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

**REQUIRED FOR TESTING TO BE INITIATED**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

|          |          |
|----------|----------|
| COMPANY: | CONTACT: |
| PHONE:   | FAX:     |
| 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 Completed By/Date:</i>  |                                     |
| <i>Reviewed By/Date:</i>        |                                     |