

Client Information:

Company Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Sample(s) Submitted:

Sample Description	Lot #	Batch# / Formula #	Qty.	Test(s)

Testing Requested:

SPF Testing Methods:

- FDA 2011 Final Rule USA
 - Static
 - Water-Resistant 40 Min
 - Water-Resistant 80 Min
- Global Harmonization/COLIPA European/International
 - Static
 - Water-Resistant
 - Very Water-Resistant
- Expected SPF Value: _____
- AS/NZ Australia
 - Static
 - Water-Resistant _____ Min.
- SPF ISO 24444 International Std.
 - Static

UVA PFA Testing Methods:

- UVA ISO 24442 International Std.
- Expected PFA Value: _____

In-Vitro UVA Testing Methods:

- FDA Critical Wavelength
- COLIPA European International
- Boots Star Rating System
- UVA ISO 24443 International Std.
- Expected Value: _____

In-Vitro UVA Testing Methods:

- FDA Critical Wavelength
- COLIPA European International
- Boots Star Rating System
- UVA ISO 24443 International Std.
- Expected Value: _____

Other Methods:

- JCIA-1995
- Subjects: 2 5 10
- Expected Value: _____

*Circle One Panel Size: 1 2 3 5 10

RIPT Testing:

- Occluded
- Semi-Occluded
- Dermatologist Signature
- Pediatrician Signature

Safety Testing:

- 24 Hour Patch
- 48 Hour Patch
- Vaginal Irritation
- Pediatrician Signature

Comedogenicity Testing

- Occluded
- Semi-Occluded
- Photo Allergy Testing
- Photo Toxicity Testing

Sample Dilution:

- Undiluted (Neat)
- Diluted to _____ % in
 - Corn Oil
 - Other: _____

*Circle One Panel Size: 6 10 20 25 50 100 200

***Please contact us to discuss specific/unique protocols needed for the section below:**

Special Studies:

Please Specify: _____

Panel Size: 1 2 3 5 10 15 20 25 50 100 Other: _____

Submitted By/ Authorized Signature: _____ **Date:** _____