

Challenge Test Sample CHAIN OF CUSTODY



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PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH THE PRODUCT.

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

If selecting CTFA Testing, specify test microorganisms:

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

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

DO NOT write below - FOR LAB USE ONLY

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