



Document Title: Sample Submission Form [Challenge Testing - Dallas Location]	
Document Number: FRM-PSP-0015	Version: 3.0
Associated SOP: SOP-PSP-004	Effective Date: 21 Apr 2026

Company Name	Contact	Phone
Email	Address	
Sample Size	Product Name	Lot #
Formula #		
Special Handling	Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	Purchase Order/ Quote #
	Special Hazard? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach SDS)	Sample Return <input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Type	<input type="checkbox"/> Finished Product: <input type="checkbox"/> Nutritional and Dietary Supplement <input type="checkbox"/> Over the Counter <input type="checkbox"/> Cosmetic	
	<input type="checkbox"/> (Finished Product) Other: _____	
	<input type="checkbox"/> In Process/ Bulk: <input type="checkbox"/> Nutritional and Dietary Supplement <input type="checkbox"/> Over the Counter <input type="checkbox"/> Cosmetic	
	<input type="checkbox"/> (In Process/ Bulk) Other: _____	
<input type="checkbox"/> Raw Material (Include C of A) <input type="checkbox"/> Environmental <input type="checkbox"/> R&D <input type="checkbox"/> Validation		

A minimum of 8 oz of Product is needed for Testing.

Test Type and Product Category	<input type="checkbox"/> USP <51> Category: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> PCPC Type: <input type="checkbox"/> M-3 <input type="checkbox"/> M-4 <input type="checkbox"/> M-5 <input type="checkbox"/> M-6 <input type="checkbox"/> M-7
	<input type="checkbox"/> Preservative Efficacy Screen	<input type="checkbox"/> ISO 11930 (European Pharmacopeia equivalent)
Preservative	Concentration	Lab Use Only Method #
Customer Authorization Signature	Date	
Customer Review Signature	Date	

Lab Use Only	
Date Sample Received/Initials	Sample ID

**Completed forms should be included in the package containing samples and shipped to the address below:
 990 N Bowser Rd, Suite 800, Richardson, TX 75081
 Questions while filling out this form? Contact the lab: 682-394-4921**