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| Document Title: Sample Submission Form [Microbiology Suitability - Dallas Location] | |
| Document Number: FRM-PSP-0010 | Version: 6.0 |
| Associated SOP: SOP-PSP-004 | Effective Date: 21 Apr 2026 |

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|--------------|---------|-------|
| Company Name | Contact | Phone |
| Email | Address | |

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|-------------|--------------|-------|
| Sample Size | Product Name | Lot # |
| Formula # | | |

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|------------------|--|-------------------------|--|
| Special Handling | Storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen | Purchase Order/ Quote # | Sample Return |
| | Special Hazard? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach SDS) | | <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 | | |

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|------|---|
| Test | <input type="checkbox"/> Quantification <input type="checkbox"/> Enrichment |
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Samples are discarded 7 days from final report.

| Preservative Ingredient | Concentration | Active Ingredients | Concentration |
|-------------------------|---------------|--------------------|---------------|
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|----------------------------------|------|
| Customer Authorization Signature | Date |
| Customer Review Signature | Date |

Lab Use Only

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|-------------------------------|--|
| Date Sample Received/Initials | Courier (e.g. UPS) |
| Temp. on Arrival | Samples Match Form? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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