



Document Title: Sample Submission Form [Stability - Dallas Location]
 Document Number: FRM-PSP-0008 Version: 7.0
 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 #	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					

Stability Intervals (All Studies include time Zero (0) = Initial testing)	Accelerated (Months)					Long Term (Months)								
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	<input type="checkbox"/> 36
Preservative Challenge Testing (Indicate what monthly intervals)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> Accelerated <input type="checkbox"/> Long Term													
<input type="checkbox"/> APC <input type="checkbox"/> Enrichment Specification <input type="checkbox"/> <100 <input type="checkbox"/> Other	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> Accelerated <input type="checkbox"/> Long Term													

Specification / Parameter Requirements							
Color		Odor		State		pH Range	
Viscosity Range		Spindle		Speed			
Preservative Ingredient	Concentration	Active Ingredients	Concentration	Specification			

Customer Authorization Signature		Date	
Customer Review Signature		Date	

Lab Use Only

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