

SAMPLE SUBMISSION FORM

Please fill out both pages of the Sample Submission Form and send the completed form along with your sample(s) to **216 Congers Road Building 1, New City, New York 10956** to the attention of the **Sample Submission Department**.

CLIENT INFORMATION:

Company Name:

Name:

Address:

Email:

City:

Phone:

State:

Postal Code:

SAMPLE DESCRIPTION:

Country:

Please provide the description to be used in the report. Include a unique identifying number (Lot, Batch, Formula or Study)
Please include only one product per submission form.

QTY:

IN-VIVO SPF TESTING:

* 100 grams required

FDA:

- Static
- 40 Minute Water Resistant Only
- 80 Minute Water Resistant Only
- Static and 40 Minute Water Resistant
- Static and 80 Minute Water Resistant

COLIPA European / Global Harmonization / International:

- Static
- Water Resistant (40 minute water immersion)
- Very Water Resistant (80 minute water immersion)

International Standard ISO:

- ISO 11111 (no water immersion)
- ISO 16217 Water Resistance:
 - 40 minute water immersion
 - 80 minute water immersion
 - _____ minute water immersion

AS/NZ Australian / New Zealand:

- Static
- Water Resistance:
 - 40 minute water immersion
 - 80 minute water immersion
 - _____ minute water immersion

ISO 18861 Percentage of Water Resistance:

- 40 minute water immersion
- 80 minute water immersion
- _____ minute water immersion

Panel Size: 1 subject 2 subjects 3 subjects
 5 subjects 10 subjects

Expected SPF: _____

IN-VIVO UVA TESTING: * 100 grams required

UVA ISO 24442 International Standard

Panel Size: 1 subject 2 subjects 3 subjects
 5 subjects 10 subjects

Expected UVA: _____

Official Use Only

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SAMPLE SUBMISSION FORM

IN-VITRO TESTING:

* 100 grams required

UVA / CRITICAL WAVELENGTH AND "BROAD SPECTRUM"

- FDA Critical Wavelength Boots Star Rating System
- UVA ISO 24443 International Standard AS/NZS Australian/New Zealand: COLIPA European/International
- Please provide measured SPF value: _____ 2604:2021
Please provide measured and label SPF value: _____ Please provide label SPF value: _____

"BEYOND UV" IN-VITRO TESTING:

- High Energy Visible Light (HEV-PF) Visible Light (VIS-PF) Infrared Light (IR-PF)
- "Blue Light"** Infrared-A Light (IRA-PF)

SCREENING SERVICES:

* 100 grams required

- In-House In-Vitro SPF FDA Critical Wavelength Boots Star Rating System
- screening screening screening
- UVA ISO 24443 International Standard AS/NZS Australian/New Zealand: COLIPA European/ International
- screening 2604:2021
screening screening
- High Energy Visible Light (HEV-PF) Visible Light (VIS-PF) Infrared (IR-PF)
- "Blue Light"** screening screening screening
- Custom protocol

SCREENING PACKAGES:

US & CANADA

- In-House In-Vitro SPF
- Screening FDA Critical Wavelength

- 3 Subjects FDA In-Vivo Static SPF
- 3 Subjects FDA In-Vivo Water Resistance SPF:
- 40 Minute
 - 80 Minute

GLOBAL

- In-House In-Vitro SPF
- Screening FDA Critical Wavelength
- Screening ISO24443 UVA

- 3 Subjects ISO24442 In-Vivo UVA
- 3 Subjects FDA and ISO In-Vivo Static SPF
- 3 Subjects FDA and ISO16217 In-Vivo Water Resistance SPF **or** ISO18861 In-Vivo Percent Water Resistance SPF:
- 40 Minute
 - 80 Minute

INTERNATIONAL

- In-House In-Vitro SPF
- Screening ISO 24443 UVA

- 3 Subjects ISO24442 In-Vivo UVA
- 3 Subjects ISO24444 In-Vivo Static SPF
- 3 Subjects ISO16217 In-Vivo Water Resistance SPF:
- 40 Minute
 - 80 Minute

- 3 Subjects ISO18861 In-Vivo Percent Water Resistance SPF:
- 40 Minute
 - 80 Minute

Please contact us to discuss specific or unique protocol needs.

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SAMPLE SUBMISSION FORM

SAFETY TESTING:

- | | | |
|--|---|---|
| <input type="checkbox"/> RIPT <input type="checkbox"/> **EXPEDITED REPORTING
<input type="checkbox"/> 24 Hour Patch <input type="checkbox"/> **EXPEDITED REPORTING
<input type="checkbox"/> 48 Hour Patch <input type="checkbox"/> **EXPEDITED REPORTING
Panel Size:
<input type="checkbox"/> 50 subjects
<input type="checkbox"/> 100 subjects
* RIPT - 400 grams required
* 24hr/48hr - 100 grams required | <input type="checkbox"/> Cumulative Patch
Panel Size:
<input type="checkbox"/> 20 subjects
* 200 grams required
<input type="checkbox"/> PhotoToxicity
Panel Size:
<input type="checkbox"/> 20 subjects
* 100 grams required
Sensitive Skin _____ % of subjects | <input type="checkbox"/> Comedogenicity
Panel Size:
<input type="checkbox"/> 6 subjects
* 100 grams required
(Unless requested occlusive, test will be conducted with semi-occlusive patch) |
|--|---|---|

****Additional fees apply**

For the testing requested above please fill out the applicable fields listed below:

- | | | |
|--|--|---|
| Patch Configuration:
<input type="checkbox"/> Occluded
<input type="checkbox"/> Semi-Occluded
<input type="checkbox"/> Open | Dilution (if not specified, product tested neat):
<input type="checkbox"/> Undiluted
<input type="checkbox"/> Diluted to _____ %
<input type="checkbox"/> Distilled water
<input type="checkbox"/> Other _____ | Signature:
<input type="checkbox"/> Dermatologist
<input type="checkbox"/> Pediatrician |
|--|--|---|

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Eye Sting Assay
Panel Size:
<input type="checkbox"/> 10 subjects
* 100 grams required | <input type="checkbox"/> Facial Sting Assay
Panel Size:
<input type="checkbox"/> 10 subjects
* 100 grams required | <input type="checkbox"/> Ophthalmology**
Panel Size:
<input type="checkbox"/> 30 subjects
<input type="checkbox"/> 60 subjects | <input type="checkbox"/> Vaginal Irritation**
<input type="checkbox"/> Penile Irritation**
Panel Size:
<input type="checkbox"/> 10 subjects |
|---|--|---|--|

- Signature: Ophthalmologist Ophthalmologist Signature: Gynecologist
 Urologist

**** Individual units in sufficient quantities according to use instructions and the duration of the study**

Please provide use instructions for _____

Vaginal/Penile Irritation/Ophthalmology: _____

EFFICACY TESTING:

- | | |
|---|--|
| <input type="checkbox"/> Skin Surface Hydration via Corneometer
<input type="checkbox"/> Skin Moisturization - Electroconductivity via Novameter
<input type="checkbox"/> Surface Evaluation of Living Skin (SELS) via Visioscan
<input type="checkbox"/> Skin Elasticity and Firmness via Cutometer
<input type="checkbox"/> Transepidermal Moisture Loss (TEML) via DermaLab Evaporimeter | <input type="checkbox"/> Skin Sebum via Sebumeter
<input type="checkbox"/> Skin Lightening via Chromameter
<input type="checkbox"/> Matched Scientific Photography, MSP™
<input type="checkbox"/> PhotoGrammetrix Analysis, PhGx®
<input type="checkbox"/> Subjective Questionnaire addressing user perceived benefits |
|---|--|

For testing requested above please fill out the fields listed below:

Time Points: _____ Panel Size: _____ Subject(s)

Please provide use instructions: _____

- | | |
|--|--|
| <input type="checkbox"/> Antiperspirant Testing
Test Site: <input type="checkbox"/> Axilla <input type="checkbox"/> Foot <input type="checkbox"/> Other _____
Time Points: <input type="checkbox"/> 1 Hour <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours <input type="checkbox"/> Other _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Deodorant Testing
Panel Size: _____ Subject(s) |
|--|--|

Please contact us to discuss specific or unique protocol needs.

Submitted by/Authorized Signature: _____ Date: _____



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