

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:

- ☐ ~~UVA 111 A₂~~ (no water immersion)
- ☐ ~~UVA 16217~~ Water Resistance:
 - ☐ 40 minute water immersion
 - ☐ 80 minute water immersion
 - ☐ _____ minute water immersion

☐ AS/NZ Australian / New Zealand:

2604:2021

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

☐ ~~UVA 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



+1.845.634.1500

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FDA REGISTERED

SAMPLE SUBMISSION FORM

IN-VITRO TESTING:

* 100 grams required

UVA / CRITICAL WAVELENGTH AND "BROAD SPECTRUM"

- | | | |
|---|--|--|
| <input type="checkbox"/> FDA Critical Wavelength | <input type="checkbox"/> Boots Star Rating System | |
| <input type="checkbox"/> UVA ISO 24443 International Standard | <input type="checkbox"/> AS/NZS Australian/New Zealand: <small>2604:2021</small> | <input type="checkbox"/> COLIPA European/International |
| <small>Please provide measured SPF value: _____</small> | <small>Please provide measured and label SPF value: _____</small> | <small>Please provide label SPF value: _____</small> |

"BEYOND UV" IN-VITRO TESTING

- | | | |
|---|---|--|
| <input type="checkbox"/> High Energy Visible Light (HEV-PF)
"Blue Light" | <input type="checkbox"/> Visible Light (VIS-PF) | <input type="checkbox"/> Infrared Light (IR-PF) |
| | | <input type="checkbox"/> Infrared-A Light (IRA-PF) |

SCREENING SERVICES

* 100 grams required

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

SCREENING PACKAGES

☐ US & CANADA

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

- | |
|---|
| <input type="checkbox"/> 3 Subjects FDA In-Vivo Static SPF |
| <input type="checkbox"/> 3 Subjects FDA In-Vivo Water Resistance SPF: |
| <input type="checkbox"/> 40 Minute |
| <input type="checkbox"/> 80 Minute |

☐ GLOBAL

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

- | |
|--|
| <input type="checkbox"/> 3 Subjects ISO24442 In-Vivo UVA |
| <input type="checkbox"/> 3 Subjects FDA and ISO In-Vivo Static SPF |
| <input type="checkbox"/> 3 Subjects FDA and ISO16217 In-Vivo Water Resistance SPF or ISO18861 In-Vivo Percent Water Resistance SPF: |
| <input type="checkbox"/> 40 Minute |
| <input type="checkbox"/> 80 Minute |

☐ INTERNATIONAL

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

- | |
|--|
| <input type="checkbox"/> 3 Subjects ISO24442 In-Vivo UVA |
| <input type="checkbox"/> 3 Subjects ISO24444 In-Vivo Static SPF |
| <input type="checkbox"/> 3 Subjects ISO16217 In-Vivo Water Resistance SPF: |
| <input type="checkbox"/> 40 Minute |
| <input type="checkbox"/> 80 Minute |

- | |
|--|
| <input type="checkbox"/> 3 Subjects ISO18861 In-Vivo Percent Water Resistance SPF: |
| <input type="checkbox"/> 40 Minute |
| <input type="checkbox"/> 80 Minute |

Please contact us to discuss specific or unique protocol needs.



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SAMPLE SUBMISSION FORM

SAFETY TESTING:

- ☐ RIPT ☐ **EXPEDITED REPORTING
☐ 24 Hour Patch ☐ **EXPEDITED REPORTING
☐ 48 Hour Patch ☐ **EXPEDITED REPORTING

Panel Size:

- ☐ 50 subjects
☐ 100 subjects

* RIPT - 400 grams required

* 24hr/48hr - 100 grams required

- ☐ Cumulative Patch
 Panel Size:

- ☐ 20 subjects

* 200 grams required

- ☐ PhotoToxicity

Panel Size:

- ☐ 20 subjects

* 100 grams required

- ☐ Comedogenicity
 Panel Size:

- ☐ 6 subjects

* 100 grams required

(Unless requested occlusive,
 test will be conducted with
 semi-occlusive patch)

**Additional fees apply

Sensitive Skin _____ % of subjects

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

Patch Configuration:

- ☐ Occluded
☐ Semi-Occluded
☐ Open

Dilution (if not specified, product tested neat):

- ☐ Undiluted
☐ Diluted to _____ %
☐ Distilled water
☐ Other _____

Signature:

- ☐ Dermatologist
☐ Pediatrician

- ☐ Eye Sting Assay

Panel Size:

- ☐ 10 subjects

* 100 grams required

- ☐ Facial Sting Assay

Panel Size:

- ☐ 10 subjects

* 100 grams required

- ☐ Ophthalmology**

Panel Size:

- ☐ 30 subjects
☐ 60 subjects

- ☐ Vaginal Irritation**

- ☐ Penile Irritation**

Panel Size:

- ☐ 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:

- ☐ Skin Surface Hydration via Corneometer
☐ Skin Moisturization - Electroconductivity via Novameter
☐ Surface Evaluation of Living Skin (SELS) via Visioscan
☐ Skin Elasticity and Firmness via Cutometer
☐ Transepidermal Moisture Loss (TEML) via DermaLab Evaporimeter
☐ Skin Sebum via Sebumeter
☐ Skin Lightening via Chromameter
☐ Matched Scientific Photography, MSP™
☐ PhotoGrammetrix Analysis, PhGx®
☐ 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: _____

- ☐ Antiperspirant Testing

Test Site:

- ☐ Axilla

- ☐ Deodorant Testing

- ☐ Foot

- ☐ Other _____

Time Points:

- ☐ 1 Hour

- ☐ 24 Hours

- ☐ 48 Hours

- ☐ 72 Hours

- ☐ Other _____

Gender:

- ☐ Male

- ☐ Female

Panel Size: _____ Subject(s)

Please contact us to discuss specific or unique protocol needs.

Submitted by/Authorized Signature: _____

Date: _____



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