STABILITY FORM

Client Name: _____ **Product Name:** _____
Client Contact: _____ **Phone Number:** _____

Expiration Required:
___ 1 year: Accelerated testing at 40ºC for 90 days and room temperature at 25ºC for 1 year
___ 2 year: Accelerated testing at 40ºC for 180 days and room temperature 25ºC for 2 years
___ 3 year: Accelerated testing at 40ºC for 270 days and room temperature 25ºC for 3 years
___ Freeze/Thaw testing at 0ºC for 7 Days for liquid products

Optional Temperature
____ Accelerated testing at 30ºC (if 40ºC samples are not passing)

Product Type:

___ Aerosol
___ Conditioner
___ Capsules
___ Deodorant
___ Cream
___ Lotion
___ Injection
___ Lipstick
___ Oral suspensions
___ Oral powders
___ Shampoo
___ Topical products
___ Ophthalmic Product
___ Tablet
___ Others

Number of Lots to be tested: 1, 2, or 3
Lot #:_____
Package Type:_____
Package Size:_____

Testing required at each interval:
___ Active Ingredient Assay (specify below)
___ AET
___ BP Monograph
___ Color, odor and appearance
___ Consistency
___ Dissolution
___ FCC Monograph
___ Friability
___ Hardness
___ Homogeneity
___ Identification
___ Microbial limits
___ Moisture
___ Package Appearance
___ Particulate matter
___ pH
___ Preservative Effectiveness
___ Pyrogenicity
___ Shape
___ Softening range
___ Solids
___ Specific Gravity
___ Sterility
___ USP Monograph
___ Viscosity
___ Weight loss

Other: _____

Active Ingredients	**% Claim**	**Active Ingredients**	**% Claim**
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____ _____
Print Name Signature Date