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Client Information

Client Contact:		Send Invoice To:	<input type="checkbox"/> Same as Contact Address <input type="checkbox"/> Address below
Client:		Client:	BioScreen only invoices the client and does not invoice 3 rd parties
Address:		Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Email:		Email:	
List most recent Quote #:		PO or Payment Type:	<input type="checkbox"/> Check No.: _____ <input type="checkbox"/> PO: _____ <input type="checkbox"/> Credit Card (please visit http://payments.bioscreen.com/)

Sample and Test Information

Sample Name	Formula Number	Lot/Batch Number	Expiry ¹
Intended Use of Test Sample: <input type="checkbox"/> Leave On <input type="checkbox"/> Rinse Off <input type="checkbox"/> Other: _____			
Patch Test	<input type="checkbox"/> HRIPT <input type="checkbox"/> Primary Irritation <input type="checkbox"/> Dermatologist Review <input type="checkbox"/> Preliminary Report <input type="checkbox"/> Re-challenge		
	No. of Subjects:	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200	
	Test As:	<input type="checkbox"/> Occlusive <input type="checkbox"/> Semi-Occlusive <input type="checkbox"/> Open <input type="checkbox"/> To Be Determined by BioScreen	
	Dilution Procedure (if any): _____		
SPF In-Vivo	<input type="checkbox"/> FDA 2011 <input type="checkbox"/> ISO 24444 <input type="checkbox"/> COLIPA <input type="checkbox"/> Combined Please specify Sales Code _____		
	No. of Subjects:	<input type="checkbox"/> 5 <input type="checkbox"/> 10	
	Test As:	<input type="checkbox"/> Static <input type="checkbox"/> Water Resistance (40 min) <input type="checkbox"/> Water Resistance (80 min)	
	SPF Target Value: _____		
SPF In-Vitro	<input type="checkbox"/> FDA 2011 Broad Spectrum Critical Wavelength <input type="checkbox"/> ISO 24442 <input type="checkbox"/> COLIPA <input type="checkbox"/> Boots Star <input type="checkbox"/> ISO 24443 <input type="checkbox"/> Aus/NZ		
Clinical Study	<input type="checkbox"/> Per quotation number listed above		

Shipping and Storage Information

ALL INGREDIENTS IN THE TEST SAMPLE(S) ARE KNOWN TO BE SAFE FOR HUMAN USE

Storage Condition	Please Provide Sample Ingredient Information (Check all that are included)	Sample Disposition (all samples will be discarded after testing unless otherwise indicated)
<input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Freezer (<-25 to -10°C)	<input type="checkbox"/> Ingredient List – mandatory for all test products <input type="checkbox"/> Product Use Instructions – mandatory for all test products <input type="checkbox"/> SDS – for new ingredients or existing formulas <input type="checkbox"/> Copies of Labels – for marketed and competitive products <input type="checkbox"/> IFRA Compliance Statement – for perfumes only	<input type="checkbox"/> Return to Client; please provide shipping acct info: FedEx _____, UPS _____ <input type="checkbox"/> Other: _____

Additional Information/ Special Instructions:	
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By signing below, I authorize BioScreen Clinical Services, Inc. to perform the above indicated test(s). BCS is not obligated to perform any requested service unless and until it has agreed to do so. Please include the signed quotation for new analysis submitted to BioScreen. Signature indicates approval of all applicable terms and conditions, the most current quotation, and surcharges noted above.

REQUIRED	Signature/Date: _____
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¹If no expiry is provided, it is assumed that the sample is stable for duration of the study.