



Clinical Claim Substantiation Request for Quotation

Client: _____

Phone No: _____
Fax No.: _____
E-mail: _____

Contact: _____

Product(s): _____

Active Ingredients and level (%): _____

- Are these products to be tested as a regimen? ___ Yes ___ No
(If not, please complete a separate claim form for each product that needs a separate study)

Please submit a CTFA ingredient list for each product with this request.

(Note: Listed below are typical claims that are testable for most cosmetic products. We will determine percent improvement/change for each measured parameter during the study duration. It is not necessary to list a specific percent reduction on the claim form. If you do not see the claim that you wish to make on the form, please specify the claim in the space provided.)

List all claims that you wish to substantiate for each product/regimen or check all that apply.

Claim: 1) _____
2) _____
3) _____
4) _____
5) _____

Note: Check all that apply

- | | |
|---|-----------|
| 1) Anti-aging | Comments: |
| <input type="checkbox"/> Reduces appearance of fine lines and wrinkles in the eye area | _____ |
| <input type="checkbox"/> Reduces appearance of fine lines and wrinkles in the forehead area | _____ |
| <input type="checkbox"/> Reduces appearance of fine lines and wrinkles in the mouth area | _____ |
| <input type="checkbox"/> Improves skin hydration/moisturization | _____ |
| <input type="checkbox"/> Improves skin firmness/elasticity | _____ |
| <input type="checkbox"/> Decreases appearance of hyperpigmentation | _____ |
| <input type="checkbox"/> Improves skin tone | _____ |
| <input type="checkbox"/> Improves skin radiance | _____ |
| <input type="checkbox"/> Decreases appearance of under eye puffiness | _____ |





- Decreases appearance of dark circles _____
- Increases skin smoothness/ Decreases skin roughness _____
- Decreases skin scaliness _____
- Improves skin texture _____
- 2) Skin Hydration
 - Improves skin hydration/moisturization _____
 - Reduces skin flakiness _____
 - Causes skin dryness _____
- 3) Skin Elasticity and Firmness
 - Improves skin firmness _____
 - Improves skin elasticity _____
- 4) Skin Color/Hyperpigmentation
 - Improves skin brightness _____
 - Decreases appearance of hyperpigmentation/age spots _____
 - Decreases appearance of UV photodamage _____
 - Improves skin tone _____
 - Improves skin radiance _____
 - Decreases skin redness _____
- 5) Anti-acne
 - Decreases appearance of acne lesions _____
 - Decreases appearance of acne scars _____
 - Decreases sebum production _____
 - Decreases skin pore size _____
 - Cleanses skin pores _____
- 6) Non-comedogenic
 - Does not clog pores or form comedones _____
- 7) Skin Barrier
 - Improves skin barrier _____
 - Repairs skin barrier _____
- 8) Lips
 - Moisturizes lips _____
 - Plumps lips _____
- 9) Eye Safety
 - Ophthalmologic Safety _____
 - Does not sting/No tears _____
 - Safe for use with contact lens _____
 - Safe for use around the eye area _____





10) Skin Safety

- Safe for sensitive skin _____
- Non-irritating to skin _____
- Non-allergenic _____
- Dermatologist tested _____

11) Photography

- Canfield VISIA CR close-up facial photography _____
- Standard digital clinical photography _____
- Visioscan _____

Length of Study (if known): 3 weeks 6 weeks other _____ to be determined (tbd)

(Note: The length of the study may depend on a number of factors. If you have a standard anti-aging product the best results can be obtained in an eight week study. If you want the results sooner, choose four or six weeks. Depending on your formulation shorter studies may work well but to obtain optimum performance we recommend eight weeks. Please note that the number of time intervals for evaluations will be a factor in determining the overall cost of the study.)

Number of Subjects (if known): 5 (pilot study) 25 other _____ tbd

(Note: For most studies, the industry standard is 25 - 30 subjects which will allow for statistical analysis of the study data. If you plan to market your product on QVC or HSN a minimum of 25 subjects is required. For in-house data, there is no recommended number of subjects.)

Has safety of the product been established (i.e., human patch test)? Yes No
If yes, please attach report with this request.

Purpose for testing: FTC FDA In-house data other

Comments: _____

Completed by: _____ Date: _____

Please complete and return to BioScreen to obtain a quotation.

