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**QVC Product Sample Submission Form**

**CLIENT INFORMATION**

Company Address

**Contact:**

**Phone:**                      **Fax:**

**Email:**

**BILLING ADDRESS (IF DIFFERENT)**

**Method of Payment:**                      \*Turnaround time for other tests will vary and are listed on the price quotation.

Check # \_\_\_\_\_, Credit Card # \_\_\_\_\_, Expiration Date: \_\_\_\_\_, Card Holders Name: \_\_\_\_\_

**Turnaround time for Dossier Evaluation and Label review:**  Regular (7-10 business days)  Rush (3-5 business days)  Rush Start 24 Hour

**Sample Description:** \_\_\_\_\_ **SKU #** \_\_\_\_\_ **Lot #/Batch#** \_\_\_\_\_

**QVC Nomenclature (Glamour Name):** \_\_\_\_\_

Test Requested	Please indicate which test(s) to perform (By putting an "X" in the box below)	Quantity Needed (separate samples for each test)
QVC Product Dossier Evaluation & Label Review	<input type="checkbox"/>	2 finished unites or a copy of the final label
<u>Prop. 65 Testing</u>		
Heavy Metals by ICP-MS (Lead, Arsenic, & Cadmium)	<input type="checkbox"/>	100 grams
Phthalates GC-MS	<input type="checkbox"/>	20 grams
OTC Products-SPF Determination	<input type="checkbox"/>	4 ounces
OTC Products –Active Ingredients (please list)	<input type="checkbox"/>	10 grams
Preservative Effectiveness Test USP <51>	<input type="checkbox"/>	10 ounce bulk
Human Repeat Insult Patch Test (HRIPT) 50 Subjects (Please use Clinical SSF if this test is required)	<input type="checkbox"/>	14 ounces
Human Primary Irritation Test 50 Subjects (Please use Clinical SSF if this test is required)	<input type="checkbox"/>	7 ounces
Flash Point	<input type="checkbox"/>	8 ounces
Flammability	<input type="checkbox"/>	6 finished units
Freeze Thaw Stability	<input type="checkbox"/>	10 finished units
Elevated Temperature Stability	<input type="checkbox"/>	10 finished units

All samples will be discarded after testing, unless otherwise indicated. I authorize BTS to perform the as needed tests. Please include the signed quotation.

**Store at:**  Room temperature  Refrigerator 2-8°C  Freezer ≤-10°C

Return sample to Client (please provide shipping account # \_\_\_\_\_, UPS, Fed Ex)

Viscosity Specification (Spindle & Speed): \_\_\_\_\_

Other Tests or Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Form242e.r06

SOP014

4/3/2012



**CLINICAL SAMPLE SUBMISSION FORM**

<b>Contact:</b> <Contact> <b>Company:</b> <Company> <Business Address 1>, <Business City>, <Business State> <Business Postal Code> <b>Phone:</b> <Business Phone> <b>Fax:</b> <Fax Phone> <b>E-mail:</b> <E-mail>	Billing Information (if different):
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**Method of Payment**  
 Purchase Order # \_\_\_\_\_, Check # \_\_\_\_\_ or Credit Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_, Card Holder's Name: \_\_\_\_\_

**Test Sample Information**  
 Test Sample Description: \_\_\_\_\_  
 Test Sample Type (body wash, lotion, eye shadow, etc): \_\_\_\_\_  
 Test Sample Characteristics (color, viscosity, state, etc): \_\_\_\_\_  
 Expiration Date of sample: \_\_\_\_\_  
 (if not provided, it is assumed that the sample is stable for the duration of the clinical study)

**Test Requested:**

HRIPT:                     Primary Irritation                     Dermatologist Review

50 subjects                     100 subjects

• Test as:  occlusive,                     semi-occlusive,                     open patch;

• Sample dilution procedure, (if applicable): \_\_\_\_\_

SPF: SPF Target Value: \_\_\_\_\_; # of subjects \_\_\_\_\_,     static,     water resistance,     very water resistance

Other: \_\_\_\_\_

**Please provide (check all that apply):**

**Ingredient List** – mandatory for all test products     **MSDS** – for new ingredients or existing formulas

Please indicate which of the following are included:     **Copies of Label** - Marketed & Competitive Products     **IFRA Compliance**

**Sample Shipping and Storage Information:**  
 Storage Conditions:  Room Temperature                     2-8°C                     ≤-10°C  
 Non-Hazardous                     Hazardous (please include MSDS) \_\_\_\_\_

1) List precaution in handling and/or disposal: \_\_\_\_\_  
 2) List any warning (avoid contact with eyes, inhalation or ingestion): \_\_\_\_\_

**All Hazardous Sample are to be packaged and shipped in accordance with Department of Transportation Regulations**

Return sample to Client: YES     NO (please provide shipping account # \_\_\_\_\_, UPS,     FedEx)

**All samples will be discarded after testing, unless otherwise indicated.**

**Additional Information / Special Instructions**

PLEASE INITIAL BELOW

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

I authorize BioScreen Clinical Services to perform the above indicated test(s). Please include the signed quotation for new analysis submitted to BioScreen. Sample submission forms cannot be logged/processed without an authorized signature.

Signature

Date