



CONSUMER PRODUCT
TESTING COMPANY
cptclabs.com

Consumer Product Testing Co., Inc.

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PHOTOBIOLOGY SAMPLE SUBMISSION FORM

Submission Date		Phone #:	Fax #:
Client Company:		Email:	
Authorizing Agent:		Purchase Order No.:	
Address:		Cost Quote (Please attach copy to expedite):	
Address:		CPTC Contact:	
City:	State:	Bill (Invoice)	
Zip:	Country:	Address (if different):	

Sample Number	Test Material Name:	Product Code:	Lot Number:	Anticipated SPF / PFA
1				/
	List Actives:	%	List Actives	%
2				/
	List Actives:	%	List Actives	%

IN VIVO TESTING	Pilot	Full	Other	IN VIVO TESTING
SPF TESTING	5 subj	Method		PHOTOTOXICITY (Up to 6 samples)
Static				Panel Size
<input type="checkbox"/> FDA Final Rule 2011				10 Subjects
<input type="checkbox"/> International Harmonization				20 Subjects
<input type="checkbox"/> ISO 24444				Other: _____
<input type="checkbox"/> Australian/NZ Standard				Patch Type
<input type="checkbox"/> FDA Final Monograph 1999				Semi-occluded
<input type="checkbox"/> [International Registration]				Occluded
<input type="checkbox"/> Client Specific Protocol				Other: _____
SPF WATER RESISTANCE				PHOTOALLERGY (Up to 6 samples)
<input type="checkbox"/> Water Resistant [40 minute]				Panel Size
<input type="checkbox"/> Water Resistant [80 minute]				25 Subjects
<input type="checkbox"/> FDA Final Rule 2011				100 Subjects
<input type="checkbox"/> COLIPA				Other: _____
<input type="checkbox"/> Australian/NZ				Patch Type
<input type="checkbox"/> Client Specific Protocol				Semi-occluded
				Occluded
				Other: _____

UVA-PF TESTING	IN VITRO TESTING
Static	Broad Spectrum FDA Final Rule 2011
<input type="checkbox"/> JCIA	ISO 24443
<input type="checkbox"/> ISO 24442	COLIPA 2011 (superceded by ISO 24443)
<input type="checkbox"/> Client Specific Protocol	Other: _____

Authorization Letter/Signed Quotation/Signed Protocol Attached (***)Include copy to expedite(***)

Sponsor Signature/Date: _____

Received By CPTC/Date: _____