



Consumer Product Testing Co.

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CLINICAL SAMPLE SUBMISSION FORM

Submission Date:	Phone #:
Client Company:	Fax #:
Client Contact:	Purchase Order No.:
Street Address:	Cost Quote <i>(Please attach copy to expedite):</i>
City:	CPTC Contact:
State:	Bill (Invoice) Address:
Zip:	<i>(if different)</i>

Sample #	Product Name/Code <i>(designate leave on/wash off)</i>	Product Description:	Lot Number:
1			
2			
3			
4			
5			
6			
7			
8			

Material Preparation Required

Describe : _____

RIPT or 24 Hr or 48 hr

PANEL TYPE

Exclusive or Shared

PANEL SIZE

50 Subjects 100 Subjects 200 Subjects

Other: _____

PATCH TYPE

Open Patch Semi-occluded Occluded

PRODUCT DILUTION

Full Strength 5% Dilution 10% Dilution

Other: _____

Cumulative Irritation

DURATION:

14 Day 21 Day

Vehicle: _____

Deodorant Testing

Antiperspirant Testing

Tent. Final Monograph Final Monograph

Antiperspirant Efficacy 24 Hour Efficacy

Other: _____

Claim Substantiation & Bioinstrumentation

Dermatological Protocol #: _____

Bioinstrumentation:

Visia CR *Silicone Replicas*

Image Analysis: *PRIMOS*

Corneometer *Cutometer*

Transepidermal Water Loss (TEWL)

Ophthalmological Protocol #: _____

Ophth./Derm. Protocol #: _____

Gynecological Protocol #: _____

Dental Protocol #: _____

Other: _____

Protocol #: _____

Special Study (describe): _____

Regulatory Classification: Non-Regulated (not intended for submission) GCP (for FDA Submission; additional fees apply)

Authorization Letter/Signed Quotation/Signed Protocol Attached

Sponsor Signature/Date: _____ Received By CPTC/Date: _____