



# Consumer Product Testing Co.

70 New Dutch Lane • Fairfield, New Jersey 07004 • Phone: (973)808-7111 • Fax: (973)808-7234 • www.cptclabs.com

## PHOTOBIOLOGY SAMPLE SUBMISSION FORM

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

Sample #	Test Article Description:	Product Code:	Lot Number:	Expected SPF or PFA
1				
2				
3				
4				
5				
6				
7				
8				

<input type="checkbox"/> <b>UVB /SPF TESTING</b>	<b>Pilot 5</b>	<b>Full Method</b>	<b>Other</b>
<b>Test Type</b>			
<input type="checkbox"/> <b>Static</b>			
<input type="checkbox"/> FDA Final Monograph 1999			
<input type="checkbox"/> International			
<input type="checkbox"/> FDA FM Proposed Amendment			
<input type="checkbox"/> Australian/NZ			
<input type="checkbox"/> Client Specific Protocol			
<b>Test Type:</b>			
<input type="checkbox"/> <b>Water Resistant</b>			
<input type="checkbox"/> <b>Very Water Resistant</b>			
<input type="checkbox"/> FDA Final Monograph 1999			
<input type="checkbox"/> COLIPA			
<input type="checkbox"/> FDA FM Proposed Amendment			
<input type="checkbox"/> Australian/NZ			
<input type="checkbox"/> Client Specific Protocol			

<input type="checkbox"/> <b>PHOTOTOXICITY</b>
<input type="checkbox"/> <b>Panel Size</b>
<input type="checkbox"/> 10 Subjects
<input type="checkbox"/> 20 Subjects
<input type="checkbox"/> Other:
<input type="checkbox"/> <b>Patch Type</b>
<input type="checkbox"/> Semi-occluded
<input type="checkbox"/> Occluded
<input type="checkbox"/> Other:

<input type="checkbox"/> <b>PHOTOALLERGY</b>
<input type="checkbox"/> <b>Panel Size</b>
<input type="checkbox"/> 25 Subjects
<input type="checkbox"/> Other:
<input type="checkbox"/> <b>Patch Type</b>
<input type="checkbox"/> Semi-occluded
<input type="checkbox"/> Occluded
<input type="checkbox"/> Other:

<input type="checkbox"/> <b>UVA /PFA</b>	<b>Pilot 5</b>	<b>Full Method</b>	<b>Other</b>
<b>Test Type</b>			
<input type="checkbox"/> <b>Static</b>			
<input type="checkbox"/> FDA FM Proposed Amendment			
<input type="checkbox"/> JCIA			
<b>Test Type:</b>			
<input type="checkbox"/> <b>Water Resistant</b>			
<input type="checkbox"/> <b>Very Water Resistant</b>			
<input type="checkbox"/> FDA FM Proposed Amendment			



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**SKIN CANCER FOUNDATION**

To earn the *Seal of Recommendation*, a manufacturer must prove that its product sufficiently and safely "aids in the prevention of sun-induced damage to the skin."

The requirements include:

- A sun protection factor (SPF) of 15 or greater.
- Validation of the SPF number by Testing on 20 subjects.
- Acceptable test results for phototoxic reactions and contact irritation.
- Substantiation for any claims that a sunscreen is water- or sweat-resistant.

**Test Type:**

**STATIC & VERY WATER RESISTANT**

**Method:**

- FDA Final Monograph 1999:  
Full Study (as per methodology)

**PHOTOTOXICITY**

**Panel Size**

- 20 Subjects

**Patch Type**

- Semi-occluded  
 Occluded  
 Other:

**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**

**Client Signature/Date:** \_\_\_\_\_ **Received By CPTC/Date:** \_\_\_\_\_