



CONSUMER PRODUCT TESTING COMPANY

Consumer Product Testing Co., Inc.

Corporate / Sales Ph: 973-808-7111

Client Services Fax: 973-253-4059

Client Services Ph: 973-808-7111 press 7

e: clientservices@cptclabs.com

70 New Dutch Lane • Fairfield, New Jersey 07004-2514

cptclabs.com

CLINICAL SAMPLE SUBMISSION FORM

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

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: Subjects: 50 100 200

Other: _____

Patch Type: Open Patch Semi-occluded
Occluded

Product Dilution: Full Strength 5% Dilution
10% Dilution Other: _____

Cumulative Irritation

Duration: 14 Day 21 Day Other _____
with Challenge Phase No Challenge

Vehicle: _____

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 **(**Include copy to expedite**)**

Sponsor Signature/Date: _____

Received by CPTC/Date: _____

Deodorant Testing

Antiperspirant Testing

Tent. Final Monograph Final Monograph
Antiperspirant Efficacy 24 Hour Efficacy
Other: _____

Claim Substantiation and 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 #: _____