



**Clinical Sample Submission Form**

Main Office: 3305 N. 2<sup>nd</sup> Street • Phoenix, AZ 85012  
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 Phone: (602) 277-1154 AZ • (310)214-0043 CA  
 Website: [www.bioscreen.com](http://www.bioscreen.com) • E-Mail: info@bioscreen.com

**Client Information**

|                           |  |                     |   |
|---------------------------|--|---------------------|---|
| Client Contact:           |  | Send Invoice To:    | <input type="checkbox"/> Same as Contact Address <input type="checkbox"/> Address below   |
| Client:                   |  | Client:             | BioScreen only invoices the client and does not invoice 3 <sup>rd</sup> parties   |
| Address:                  |  | Address:            |   |
| City, State Zip:          |  | City, State Zip:    |   |
| Phone:                    |  | Phone:              |   |
| Email:                    |  | Email:              |   |
| List most recent Quote #: |  | PO or Payment Type: | <input type="checkbox"/> Check No.: _____<br><input type="checkbox"/> PO: _____<br><input type="checkbox"/> Credit Card (please visit <a href="http://payments.bioscreen.com/">http://payments.bioscreen.com/</a> ) |

**Sample and Test Information**

(Please fill out one form per sample)

| Sample Name   | Formula Number  | Lot/Batch Number  | Expiry <sup>1</sup> |
|---|---|---|---------------------|
|   |   |   |                     |
| Intended Use of Test Sample: <input type="checkbox"/> Leave On <input type="checkbox"/> Rinse Off <input type="checkbox"/> Other: _____ |   |   |                     |
| <b>Patch Test</b>   | <input type="checkbox"/> HRIPT <input type="checkbox"/> Primary Irritation <input type="checkbox"/> Preliminary Report : _____ <input type="checkbox"/> Re-challenge<br><input type="checkbox"/> Dermatologist <b>Review</b> <input type="checkbox"/> Dermatologist <b>Tested</b> |   |                     |
|   | No. of Subjects:  | <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200   |                     |
|   | Test As:  | <input type="checkbox"/> Occlusive <input type="checkbox"/> Semi-Occlusive <input type="checkbox"/> Open <input type="checkbox"/> To Be Determined by BioScreen   |                     |
|   | Dilution Procedure (if any): _____  |   |                     |
| <b>SPF In-Vivo</b>  | <input type="checkbox"/> FDA 2011 <input type="checkbox"/> ISO 24444 <input type="checkbox"/> ISO24442 UVAPF Value: _____   |   |                     |
|   | No. of Subjects:  | <input type="checkbox"/> 5 <input type="checkbox"/> 10  |                     |
|   | Test As:  | <input type="checkbox"/> Static <input type="checkbox"/> Water Resistance (circle): FDA    COLIPA    AUS/NZ<br><input type="checkbox"/> Water Resistance (circle): 40 Minutes    80 Minutes<br>Up to 2 Hours (AUS/NZ only)    Up to 4 Hours (AUS/NZ only) |                     |
|   | <b>SPF Target Value:</b> _____  |   |                     |
| <b>SPF In-Vitro</b>   | <input type="checkbox"/> FDA 2011 Broad Spectrum Critical Wavelength <input type="checkbox"/> Boots Star <input type="checkbox"/> ISO24443  |   |                     |
| <b>Clinical Study</b>   | <input type="checkbox"/> Per quotation number listed above  |   |                     |

**Shipping and Storage Information**

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

| Storage Condition  | Please Provide Sample Ingredient Information<br>(Check all that are included)   | Sample Disposition<br>(all samples will be discarded after testing unless otherwise indicated)   |
|--|---|--|
| <input type="checkbox"/> Room Temperature<br><input type="checkbox"/> Refrigerated (2-8°C)<br><input type="checkbox"/> Freezer (<-25 to -10°C) | <input type="checkbox"/> Ingredient List – mandatory for all test products<br><input type="checkbox"/> Product Use Instructions – mandatory for all test products<br><input type="checkbox"/> SDS – for new ingredients or existing formulas<br><input type="checkbox"/> Copies of Labels – for marketed and competitive products<br><input type="checkbox"/> IFRA Compliance Statement – for perfumes only | <input type="checkbox"/> Return to Client; please provide shipping acct info:<br>FedEx _____, UPS _____<br><input type="checkbox"/> Other: _____ |

Additional Information/Special Instructions: \_\_\_\_\_

By signing below, I authorize BioScreen Clinical Services, Inc. to perform the above indicated test(s). BCS is not obligated to perform any requested service unless and until it has agreed to do so. Please include the signed quotation for new analysis submitted to BioScreen. Signature indicates approval of all applicable terms and conditions, the most current quotation, and surcharges noted above.

|                 |                       |
|-----------------|-----------------------|
| <b>REQUIRED</b> | Signature/Date: _____ |
|-----------------|-----------------------|

<sup>1</sup>If no expiry is provided, it is assumed that the sample is stable for duration of the study.