

## SHELF-LIFE TESTING TEST REQUEST FORM

Office Use Only:

<b>ORDER No.</b>	Date Received		Temperature	
	Time Received		Condition	
Comments				

<b>Customer Name</b>	
<b>Contact Name</b>	
<b>Contact Number</b>	
<b>Contact Email</b>	
<b>Date</b>	
<b>Customer Order No.</b>	
<b>Signature</b>	

<b>Project Description</b>						
<b>Sample Information</b>	Sample Description (Product Name):					
	Lot / Batch Code:					
	Production Date:					
<b>Storage Conditions</b>	Refrigerated (1 – 5 °C)		Ambient (18 – 25 °C)		Accelerated (36 / 42,5 °C)	Other _____
<b>Study Duration</b>				<b>Off take Interval</b>		
<b>Start date</b>				<b>End date</b>		
<b>Tests Required</b>	please indicate on GHLP2.2. SF06					

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Offtake	Interval	Date	Deviation
<b>Customer Specifications</b> (please indicate for each test required)	<b>Test (refer to GHLP2.2. SF06)</b>		<b>Acceptable Limit</b>
<b>Special Instructions</b>			
<b>GHL Review and Comments</b>			
<b>Reviewed by</b>		<b>Date</b>	
<b>Accepted by</b>		<b>Date</b>	
		<b>Signature</b>	
		<b>Signature</b>	

