REQUEST FOR STABILITY

133 Technology Dr, Suite 150
Irvine, CA 92618
www.tentamus-ca.com Tel: (858) 750-2146 Info.TCA@Tentamus.com

Purchase Order: _____

Sample Name: _____

Sample Lot No: _____

Sample Description: (matrix, color/appearance, packaging) _____

Number of Containers: _____ Net Weight / Volume per Container: _____

Sample: ☐ Bulk ☐ Finished ☐ Raw

Indicate if sample is: (Select all that are applicable) ☐ cGMP ☐ OTC ☐ N/A

Send Report To:

Contact Name _____

Company _____

Dept. _____

Address _____

Tel. _____

Email _____

Send Invoice To: (☐ Same Address)

Attention _____

Company _____

Dept. _____

Address _____

Tel. _____

Email _____

Stability Request:

Conditions:

☐ Refrigerator 5°C ± 3°C	☐ Real-time 25°C ± 2°C / 60% RH ± 5% RH
☐ Intermediate (currently not available) 30°C ± 2°C / 65% RH ± 5% RH	☐ Accelerated 40°C ± 2°C / 75% RH ± 5% RH

☐ other: _____ (Alternative storage conditions can be used if justified.)

Intervals:

☐ Months: ☐ Initial ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 5 ☐ 6 ☐ 9 ☐ 12 ☐ 15

OR ☐ 18 ☐ 21 ☐ 24 ☐ 30 ☐ 36

☐ Days: _____

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Tests Requested:

With Tentamus California's commitment to quality and to compliance with USP standards, it is recommended that suitability testing be performed on formulas being tested for microbiology per USP <60>, <61>, and <62>.

Do you opt-out of having suitability testing performed? ☐ Yes

Please note that suitability is a required component of all PET methods that we perform and cannot be omitted.

Please identify tests to be performed at specific intervals. Please provide a specification for all test items. An additional charge may apply if a specification is not provided.

Test	Specification	Intervals Tested
		☐ All ☐ Other:
		☐ All ☐ Other:
		☐ All ☐ Other:
		☐ All ☐ Other:
		☐ All ☐ Other:
		☐ All ☐ Other:
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Additional Information: (if applicable)

Customer Approval:

Name: _____ Signature: _____ Date: _____

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