****

*Job Number*

**Formulation Advisory Cosmetic Testing Service**

**Sample Submission Form**

|  |
| --- |
| **Client Information***Please include the completed form with your samples. When the samples have been received by the laboratory, you will be emailed an invoice for payment. Unless prior arrangements have been made, payment must be processed before testing commences. Samples are to be posted to the nominated F.A.C.T.S address at client’s expense.*  |
| Client Name: |   | **F.A.C.T.S Sample Reception – For Internal Use Only** |
| Company: |   |

|  |  |
| --- | --- |
| Sample receipt date and time |  |
| Approved sample containers used | YES NO N/A |
| Temperature on arrival |  |
| Number of samples received |  |

 | **Testing Priority**

|  |  |
| --- | --- |
| **ROUTINE** | **URGENT** |

**Do Samples Meet Necessary Requirements?**If no indicate reason and add comment to report.

|  |  |
| --- | --- |
| **YES** | **NO** |

 |
| Phone No: |   |
| Email Address: |   |
| Postal Address: |   |
| **Instructions for collecting & sending your sample:** Use clean, sterile containers and do not expose the sample, the inside of the container, or lid to any potential sources of contamination. Avoid re-opening the container once the sample has been collected. When posting glass containers please ensure each individual container is protected using either bubble wrap or other appropriate packaging material. Label all containers with 1) the name of the sample/product, 2) the time and date of collection, and 3) approximate weight, if known.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Sample Name****(As stated on label)** | **Sample Type****(Raw Material/Product)** | **Storage Temp** | **Test/s Required** |
| 1. |   |   |   |   |
| 2. |   |   |   |   |
| 3. |   |   |   |   |
| 4. |   |   |   |   |
| 5. |   |   |   |   |
| 6. |   |   |   |   |
| 7. |   |   |   |   |
| 8. |   |   |   |   |
| 9. |   |   |   |   |
| 10. |   |   |   |   |

 |
| **Additional information/comments about your sample/s or testing requirements e.g. storage temperature, handling precautions etc:** |
| **TERMS AND CONDITIONS**Whatever is contained in this form is subject to the following:1. Formulation Advisory Cosmetic Testing Service (F.A.C.T.S) accepts that the samples provided by the client originate from the relevant sampling point(s) as indicated on the sample containers provided.
2. F.A.C.T.S accepts that all samples from external sources are correctly labelled and accurate.
3. Although all raw data and reports generated by F.A.C.T.S will be checked and verified by a suitably qualified independent scientist, F.A.C.T.S shall not be responsible for human and/or technical errors that could not have been foreseen.
4. This document is solely for the use of the addressee and only in connection for the purpose set out in this document. In no event shall F.A.C.T.S assume liability or responsibility to any third party to which this document is disclosed or otherwise made available.
5. F.A.C.T.S reserves the right to decline testing of samples.
6. No guarantees are made with regards to the turnaround time of testing and reporting of results and no liability will be accepted for any delays.
7. F.A.C.T.S reserves the right to subcontract samples to an approved laboratory as required.
 |
| I accept and certify that the above information is true and correct. I have read and understood the TERMS AND CONDITIONS of Formulation Advisory of this Sample Submission Form and to be bound by these conditions. SIGNED (Customer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |