

Stability Testing

Front Range Laboratories, Inc



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Company Information:

Company _____
Address _____
City _____ State _____
Zip Code _____
Phone _____ Fax _____
Contact Person _____

Laboratory Use: (FRL Use Only)

Tracking #: _____ Sample _____

<input type="checkbox"/> Fed Ex Priority Overnight	<input type="checkbox"/> UPS Next Day Air
<input type="checkbox"/> Fed Ex Standard Overnight	<input type="checkbox"/> UPS Next Day Air Saver
<input type="checkbox"/> Fed Ex 2-Day Express	<input type="checkbox"/> UPS 2-Day Express
<input type="checkbox"/> Fed Ex Ground	<input type="checkbox"/> UPS Ground
<input type="checkbox"/> USPS Overnight	<input type="checkbox"/> DHL Express/Ground
<input type="checkbox"/> USPS First Class Mail	

Sample Information:

Sample Name _____
Concentration _____
Lot No. _____ Expiration Date _____
Quantity Submitted _____

Container Description:

<input type="checkbox"/> Clear Glass Vial	<input type="checkbox"/> Syringe
<input type="checkbox"/> Amber Glass Vial	<input type="checkbox"/> Plastic Dropper
<input type="checkbox"/> Inhalation Bullets	<input type="checkbox"/> Other _____

Handling:

Refrigeration Room Temperature Frozen Light Sensitive

Stability Time Points: (Check all that apply)

<input type="checkbox"/> 7Days	<input type="checkbox"/> 60Days	<input type="checkbox"/> 150Days
<input type="checkbox"/> 14Days	<input type="checkbox"/> 90Days	<input type="checkbox"/> 180Days
<input type="checkbox"/> 30Days	<input type="checkbox"/> 120Days	<input type="checkbox"/> 210Days

Potency

Actives to Test _____

Additional Comments/Instructions:

Signature _____