Exact Scientific Services, Inc.

Shelf Life Custody

Client Information:

Company:	
Address:	
Phone:	
Email:	
Project Name:	**Shelf Life - _____**

Billing Information:

Company:	
Address:	
Phone:	
Email:	
Attn:	

Shelf Life

#	Sample Name / Description / Location / Lot	ESS Lab#					Label Claims/ Additional Tests (List)				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Goal for Shelf Life: # of _____ Days or Months (circle one)

All samples listed above must share a common shelf life timeframe; Please submit additional forms for samples with different shelf life schedules

Sample Holding Temperature: _____ Shelf Stable _____ Refrigerated _____ Frozen (select one**)**

Contact Exact Scientific Services, Inc. for Pricing	**Dates:**	**Frequency of Analysis (For Lab Use):**					
Analysis Includes Flat Rate for Sample Handling/Reporting	**Pull 0**						
(Flat rate fee applies to all samples received in the same submission with the same shelf life schedule)	**Pull 1**						
Plus Microbial, Physical & Chemical Attributes	**Pull 2**						
(Analyzed over 6 pull dates)	**Pull 3**						
Additional Label Claims/Testing Fees Assessed Per Analysis	**Pull 4**						
Minimum Per Sample Submission Requirements:	**Pull 5**						
10 finished product packages in final, ready for sale packaging							
Minimum 100 grams/package (or multiples to meet 100 grams)		____ **Real Time** ____ **Accelerated**					

Samples relinquished by:	Date:	Time:	
Samples received by:	Date:	Time:	