



55 RAILROAD AVENUE RIDGEFIELD NEW JERSEY 07657
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REQUIRED ANALYTICAL TESTING

Company: _____
 Address: _____
 Contact: _____
 Invoice to: _____
 Number of Samples Sent: _____

Customer PO#: _____
 Shipped From: _____
 Fax: _____ Phone: _____
 Fax: _____
 Sample Size: _____

Customer Sample Identification	Sample Description	Test Requested	Specific Method Requested
		___ ACCELERATED SHELF-LIFE EVALUATION	
		___ ANALYTICAL METHOD DEVELOPMENT	
		___ ATOMIC ABSORPTION SPECTROSCOPY (AA)	
		___ ASH	
		___ CAFFEINE	
		___ CARBOHYDRATES	
		___ CHOLESTEROL	
		___ DENSITY	
		___ DISINTEGRATION	
		___ DISSOLUTION	
		___ ELECTROPHORESIS	
		___ FAT	
		___ GAS CHROMATOGRAPHY (GC)	
		___ HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)	
		___ HYDROCARBON SOLVENT WAX ANALYSIS	
		___ INFRA RED SPECTROSCOPY (IR)	
		___ <i>IN-VITRO</i> SUNSCREEN ANALYSIS	
		___ SPF	
		___ UVA/UVB	
		___ IRON	
		___ LOSS ON DRYING (LOD)	
		___ MELTING POINT	
		___ MICROBIOLOGICAL TESTING	
		___ MINERALS/METALS	
		___ MOISTURE CONTENT	
		___ OPTICAL ROTATION	
		___ PH	
		___ PROTEIN	
		___ QUANTITATIVE/QUALITATIVE FAT AND OIL ANALYSIS	
		___ RAW MATERIAL TESTING (USP/NF & FCC/AOAC)	
		___ SOLUBILITY	
		___ STABILITY	
		___ THIN LAYER CHROMATOGRAPHY (TLC)	
		___ TITRATION	
		___ TOTAL SOLIDS	
		___ VITAMINS	
		___ UV SPECTROSCOPY	

Processing Time: Standard Rapid – (2X Standard Price) Express – (3X Standard Price)

Signature: _____

Date: _____

Terms and Disclaimers: By signing and submitting this Order Form for Analysis, the Customer acknowledges that it has read, understood and agrees to be bound by the applicable terms and conditions outlined in Qualimax's Terms and Conditions, a copy of which has been previously provided to Customer, and which terms and conditions are incorporated herein by reference.