

<p><u>SEND REPORT TO:</u></p> <p>Company: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Name: _____</p> <p>Phone# (Ext.): _____</p> <p>Fax#: _____</p> <p>E-mail: _____</p>	<p><u>SEND INVOICE TO:</u></p> <p><input type="checkbox"/> Same as Report <input type="checkbox"/> Acct. Payable Address Indicated</p> <p>Accounts Payable Address: _____</p> <p><u>Purchase Order Number (required):</u> _____</p> <p>Quote Number (if applicable): _____</p> <p>Quality Agreement: Whitehouse Client</p>
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PACKAGING AND DISTRIBUTION TESTING

<p align="center">DISTRIBUTION TESTING</p> <p><input type="checkbox"/> ASTM D7386 <input type="checkbox"/> ASTM D4169</p> <p>Assurance Level _____</p> <p>Distribution Cycle _____</p> <p><input type="checkbox"/> ISTA</p> <p>Test Procedure _____</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">INTEGRITY TESTING</p> <p><input type="checkbox"/> Dye Penetration, ASTM F1929 <input type="checkbox"/> Bubble Leak, ASTM F2096 <input type="checkbox"/> Vacuum Leak, ASTM D3078</p> <p><input type="checkbox"/> Other: _____</p> <p align="center">STRENGTH TESTING</p> <p><input type="checkbox"/> Seal Strength, ASTM F88 <input type="checkbox"/> Tensile Strength, ASTM D882 <input type="checkbox"/> Bursting Strength, ASTM F1140 <input type="checkbox"/> Tear Resistance, ASTM D1922 <input type="checkbox"/> Impact Resistance, ASTM D3420</p> <p><input type="checkbox"/> Other: _____</p> <p align="center">TORQUE TESTING</p> <p><input type="checkbox"/> ASTM D2063</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">LABELS / PRINTED MATERIALS</p> <p><input type="checkbox"/> Label Adhesion <input type="checkbox"/> Abrasion Resistance, ASTM D5264 <input type="checkbox"/> Peel Adhesion, ASTM D6252</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p align="center">AGING/STORAGE</p> <p><input type="checkbox"/> Real Time <input type="checkbox"/> Accelerated, ASTM F1980</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p align="center">OTHER PACKAGE TESTING (DESCRIBE):</p>
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Sample Description & Identification: (Lot Number / Serial Number / Part Number / Inventory Number)

Sample Submitted for: Initial Testing Retesting **Is This Testing for a Drug Filing?** Yes No

Do you request that WAL initiate an OOS Investigation if out of specification results occur? Yes No

Sample Disposition: Dispose of Sample Hold Sample for ___ Days Return Sample Upon Test Completion

*NOTE: Whitehouse Laboratories will retain sample(s) in the laboratory for 30 days post report issue date then dispose of sample(s) unless other arrangements are requested. If you require samples to be returned to you at the completion of testing, please include your preferred carrier and account number: **CARRIER:** _____ **ACCOUNT #** _____*

Approval of Person Submitting Samples for Testing:

Name: _____

Title: _____

Signature / Date: _____

Sample Shipment Address: Whitehouse Laboratories 291 Route 22 East, Salem Industrial Park, Bldg. 6, Whitehouse, NJ 08888;
Phone: 908.823.9300

Final report to be FAXED to client contact upon QA/QC approval of test results. Original hard copy of final report to be mailed.