

## REQUEST FORM FOR TESTING COSMETIC PRODUCTS

### Dubai Central Laboratory

Doc. Ref: F-CP-2048; Rev.No:01; Issue Date: 18-10-2009; Page No: 1 of 1

#### PART 1 (To be filled in by the customer)

| CUSTOMER INFORMATION  |  |   |  |
|---|--|---|--|
| <b>Customer Name:</b>   |  |   |  |
| <b>Customer Address:</b>  |  |   |  |
| <b>Telephone:</b>   |  | <b>Fax:</b>   |  |
| <b>E-mail:</b>  |  | <b>License No.:</b>                                   |  |
| <b>Customer Category:</b> <input type="checkbox"/> Government / Federal <input type="checkbox"/> Public <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer<br><input type="checkbox"/> Multi-Role <input type="checkbox"/> Dealer <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Designer <input type="checkbox"/> Unknown |  |   |  |
| <b>Item brought in by:</b> Mr. / Ms. / Mrs.   |  |   |  |
| ITEM INFORMATION  |  |   |  |
| <b>Customer Reference (if applicable):</b>  |  |   |  |
| <b>Item Name:</b>   |  |   |  |
| <b>Quantity Submitted:</b>  |  | <b>Packing:</b>                                       |  |
| <b>Brand:</b>   |  | <b>Origin:</b>  | <b>Batch No.:</b>  |
| <b>Chemical tests (Test Codes):</b>   |  |   |  |
| <b>Microbiological Analysis</b>   | <input type="checkbox"/> Areobic Colony Count (ACC)  | <input type="checkbox"/> <i>Staphylococcus aureus</i> | <input type="checkbox"/> Yeasts and Moulds ( <i>Candida albicans</i> )   |
|   | <input type="checkbox"/> <i>Pseudomonas</i> spp  | <input type="checkbox"/> Coliforms & <i>E.coli</i>    |  |
| <b>Storage Conditions</b>   | <input type="checkbox"/> Room Temperature  | <input type="checkbox"/> Light Sensitive              | <input type="checkbox"/> Refrigerate <input type="checkbox"/> Others: -----  |
| <b>Item Disposition</b>   | <input type="checkbox"/> Discard   | <input type="checkbox"/> Return                       |  |
| <b>Safety Precautions</b>   | <input type="checkbox"/> None  | <input type="checkbox"/> MSDS attached                | <input type="checkbox"/> Unknown   |
| <b>Service Type</b>   | <input type="checkbox"/> Private ( <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Others: -----) |   | <input type="checkbox"/> Inspection (by DM inspectors)   |
| <b>Release Report</b>   | <input type="checkbox"/> Manually  | <input type="checkbox"/> Electronically               |  |
| <b>For DM inspectors - Sampling Reason</b>  | <input type="checkbox"/> Routine   | <input type="checkbox"/> Complain                     | <input type="checkbox"/> Survey <input type="checkbox"/> Random <input type="checkbox"/> Suspicious <input type="checkbox"/> Others: ----- |
| <b>Remarks:</b>   |  |   |  |

#### PART 2 (To be filled in by the laboratory)

|   |                                     |
|---|-------------------------------------|
| <b>Date Received:</b>   | <b>Request:</b> Accepted / Rejected |
| <b>Request No.</b>  | <b>Expected Report Date:</b>        |
| <b>Received by:</b>   | <b>Amount to be paid (AED):</b>     |
| <b>Remarks:</b>   |                                     |
| Dubai Municipality reserves the right at its discretion to decline or accept the items submitted for testing. While we make every effort to issue the report as per the expected reporting date, it might be changed if the test is repeated or in the case of unavoidable circumstances. Under exceptional circumstances, the request may be cancelled. The customer shall be informed whenever the request is rejected or expected reporting date is changed or request is cancelled. The customer or his authorized representative is expected to collect the report and the item (if requested to return) as per the expected date after making the payment. If the customer fails to collect the report within stipulated time (as informed by the Sample Management staff) from the expected reporting date, the item shall be discarded by the Dubai Municipality. Additional information (if any) shall be provided on request. |                                     |
| I hereby undertake that all the information provided is correct.  |                                     |

Signature of the Customer

For Cosmetic Testing Laboratory

#### PART 3 – Issue of the Test Report (To be filled in by the laboratory)

|   |   |
|---|---|
| Request:                      Cancelled / Report generated  | Acknowledgement by the Customer                         |
| Report No:  | Received the report and the item(s) as per the contract |
| Amount Paid:                      Yes / No                  |   |
| Remarks (if any):   |   |
| Date:                      For Cosmetics Testing Laboratory | Date:                      Signature of the Customer    |