Please send samples to:

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Cosmetics / Toiletries Test Request Form

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|  | | | |
| Company name |  | Postal address |  |
| Contact name |  |
| Tel |  |
| email |  | Purchase Order No. (if used) |  |

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| Sample Description(s)  *Please ensure all the details are correct as this information will appear on the test report. Don’t forget sample batch numbers etc. if this information is important to you.* |
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| Tick the tests you need | |
| **Total Viable Count (TVC)** □  *- Usually for a cosmetic product the following is also required –*  **Specified Pathogen Testing (SPT)**  Absence of  *- Staph. aureus*  - *Pseudomonas aeruginosa* □  *- Candida albicans*  *- E coli*  *A total of approximately 20 ml or g is required for these tests* | **Preservative Efficacy Test**  **(PET or Challenge test)**  Choose which method you prefer  ISO 11930 □  *(the default method for most cosmetic products)*  European Pharmacopoeia (EP) □  *A total of approximately 150 ml or g is required for these tests* |
| Other tests / information | |
|  | |
| For more information about our services please visit www.mcslabs.co.uk | |