

Laboratory

24 King St Rockdale N.S.W.
2216 Australia
Phone 61 2 95563835

Postal

P.O. Box 1022 Rockdale N.S.W.
2216 Australia
ABN 58 079 987 698

Irritation™ Ocular or Skin Irritation Test Checklist for Sample Submission

1. If the sample is less than pH 2 or greater than pH 9 then it is unsuitable for the test !
2. Sample is a and is for in-vitro testing.
3. Is the sample highly coloured in solution? If so, please advise the dye/s used as we will need to adjust the wavelength for determination.
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4. Is the sample oil based or water insoluble ? If yes, we will need to solubilise it and will discuss this with you prior to running the test.
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5. Please advise if the sample contains any of the following ...

Volatile ketones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nonionic surfactants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sorbitol > 5%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urea > 5%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manganese violet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aluminium (chlorhydrate), (zirconium chlorhydrate) or (chloride)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Titanium dioxide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Zinc Oxide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Silver salts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ferrous sulfate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Zinc sulfate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company.....Contact.....

Phone / fax/ email

Please provide at least 20mL/gm of product

Clearly identify your product name and reference number (as required on the report)

Any special instructions for pre-dilution or preparation prior to testing

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Please forward the sample/s to... Dermatest Pty Ltd
P.O. Box 1022
Rockdale NSW Australia 2216
...or by Courier to 24 King St Rockdale 2216

Directors: **J.S. Rowe** B.Pharm. M.Sc. Ph.D. M.P.S. **J.A. Staton** M.A.I.P. (Dip) M.A.I.Ex. (Dip)