

# REQUEST FOR STABILITY

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Purchase Order: \_\_\_\_\_

Sample Name: \_\_\_\_\_

Sample Lot No: \_\_\_\_\_

Sample Description: (matrix, color/appearance, packaging) \_\_\_\_\_

Number of Containers\*: \_\_\_\_\_ Net Weight / Volume per Container: \_\_\_\_\_

\*Please refer to the **Stability Sample Calculator** to determine the minimum number of containers required. We can work with you if you need to make any adjustments to the recommended number; please call or email us if you have any questions.

**Send Report To:**

**Send Invoice To:** (  Same Address)

Contact Name \_\_\_\_\_

Attention \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Dept. \_\_\_\_\_

Dept. \_\_\_\_\_

Address

Address

Tel. \_\_\_\_\_

Tel. \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Stability Request:**

**Conditions:**

Refrigerator  
5°C ± 3°C

Real-time  
25°C ± 2°C / 60% RH ± 5% RH

Intermediate  
30°C ± 2°C / 65% RH ± 5% RH

Accelerated  
40°C ± 2°C / 75% RH ± 5% RH

other: \_\_\_\_\_ (Alternative storage conditions can be used if justified.)

**Intervals:**

Months:     Initial     1     2     3     4

5     6     9     12     15

**OR**     18     21     24     30     36

Days: \_\_\_\_\_

