

TOXICOLOGY ASSESSMENT

Submission Form



CLIENT INFORMATION

Client: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ E-mail: _____
State: _____ Zip: _____ Country: _____

MANUFACTURER/PACKAGER

Vendor: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ E-mail: _____
State: _____ Zip: _____ Country: _____

TOXICOLOGY REQUEST (check all that apply)

United States (US) TRA

- 16 CFR 1500.3 (Household, Chemicals)
- 21 CFR 73, 74, 81, 82, 700 (Cosmetics)
- 21 CFR 175-178 (Indirect Food Contact)

LHAMA

- ASTM Standard D-4236 (Art Materials)

Canada (CAN) TRA

- SOR/2011 -17 (Toys) under CCPSA - S.C. 2010,c.21
- SOR/2001-269 CCCR (Household, Chemicals) under CCPSA - S.C. 2010,c.21
- Canadian List of Prohibited and Restricted Ingredients ("Hotlist")

European Union (EU) TRA

- EC 1272/2008 (Household, Chemicals, Toys)
- EC No 1223/2009 Cosmetic Product Safety Report

Australia (AUS) TRA

- NOHSC:1008(2004)

- Consulting (e.g. research, exposure assessments)

Other

SAMPLE INFORMATION

Product (Material) Name: _____
Product Code/SKU/LOT: _____

Physical Form: Solid Liquid (provide pH if available)
 Powder Aerosol (provide pH if available)
 Other: _____

Net Weight: _____ Per Piece/Unit
Net Weight: _____ Per Package/Container

Age Grading: _____

Intended Use:

