



Number

REQUEST FORM (EFFICACY TESTING)

Date :
 Product Name :(to be written in Report)
 Product Category : Cosmetic / Toiletries / Other:*
 Company Name : (to be written in Report)
 Batch Number :

1. Testing Objective : Product Claim Research
2. Testing Parameter :
 Evaluation Time point.....day / week
3. Number of Subject : 20 other :
4. Product Target : **Sex** : Female Male
Ages : Adolescent Adult
 Elderly Other:.....
5. Product Application : **Location**
 Face Eye Hair Other:
 Arm Body Lip
Skin Type and Condition
 Oily Normal Dry All skin type
Specific Condition (if needed)
 Acne Aging Spot
 Sensitive Fall out Hair
Daily Application Frequency
 1 time (Morning / Day / Night)* 2 times (Morning / Day / Night)*
 3 times (Morning / Day / Night)* Every needed
How to Use : Apply Massage Rub Foamed Other:
Describe how to use :

Does it need to be stilled? Yes, for..... minutes/hour No
Does it need to be rinsed? Yes No
Dilution (if needed),
6. Supporting Product (if needed) :
 Shampoo
 Soap
 Other.....
7. Comparison/Control : With comparison product : Untreated
 (product name)
 Placebo (product base) Other :.....
8. Product Specification : pH : Color :
 Product Form :
9. Report : Bahasa English Bahasa dan English
10. Is your testing product above made/ produced by :
 Factory with GMP for Cosmetic
 Independent without following GMP for Cosmetic
 Factories that have not followed / fulfilled the GMP for Cosmetic
 Other.....

PERNYATAAN KEBIJAKAN MUTU

PT. Assetra Inno Medikos sebagai perusahaan Jasa Pengujian Produk Kosmetika dan Toiletries di Indonesia bertekad untuk:

- Menerapkan Sistem Manajemen Mutu yang mengutamakan Kepuasan Pelanggan.
- Mentaatiperaturan perundang-undangan dan regulasi yang berlaku,
- Menerapkan pemikiran berbasis resiko untuk menghilangkan ketidaksesuaian potensial untuk perbaikan berkesinambungan.
- Mengkomunikasikannya kepada seluruh karyawan dan pimpinan serta pihak-pihak terkait

Sponsor

Name: _____

Company: