

Patch Test – Order Form

Version 1.8

Preface

The objective of our patch test order form is to streamline the logistics of patch testing in order to minimize potential delays and to reduce potential errors in the creation of test reports. We gladly pass on the gains in productivity in form of a 10€ discount per product.

Discount

On each product of a patch test order (simple / tape-stripped) using the PDF order form received by Derma Consult, you will receive a discount of 10€ if the following conditions are met:

- The form is completed on your computer
- A printout of the form is signed & shipped together with the sample(s)
- The sample(s) are labeled at least with the name as listed in the order form
- All required information to complete the test(s) & report(s) on the product(s) is in the form (i.e. there is no need for us to contact you)

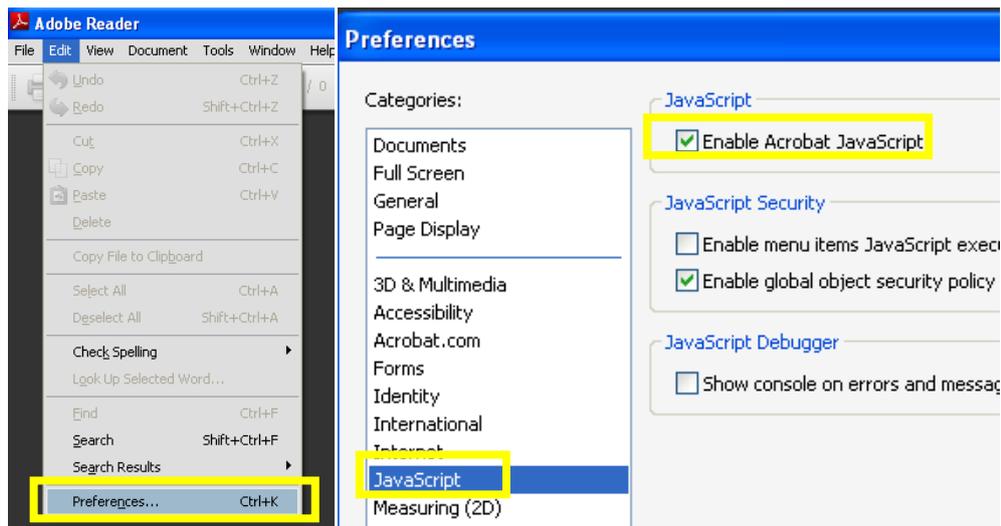
Should the conditions not be met, the discount is not given on the affected product(s). For example, if we need to contact you because the information on 1 product in an order on 5 products is contradictory, the discount would still be applied to the remaining 4 products.

System Requirements

To use the form, you need „Adobe® Reader®“ Version 9 or newer (Free download available from: <http://www.adobe.com/de/products/acrobat/readstep2.html>) or alternatively „Adobe® Acrobat®“ Version 9 or newer.

„Adobe® Reader®“ is available for Microsoft Windows, Apple MacOS X and Linux. The use of other PDF Software is not recommended.

For the interactive features of the form, we require “JavaScript” processing to be active within Adobe® Reader® (Standard setting). If you encounter problems with the form (e.g. buttons are not working), please check if it is indeed turned on (see graph below):

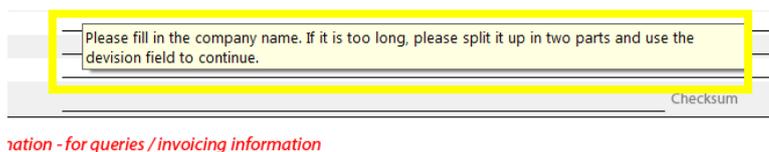


Derma Consult does not provide support for the installation and configuration of Adobe® Reader®.

Using the Form

Your input into the form (company / product(s)) is used as entered in the creation of the final test reports. Please consult the excerpt of a sample report at the end of the document, to see which information appears where in the report.

- Download the form from our website <http://www.dermaconsult.com/orderforms> (please use a “right click” and “save as” to save the form on your hard drive for later use).
- Open the form with Adobe® Reader®.
- Click into any field using the mouse pointer and type in the information required.
- If you let the mouse pointer hover for a few seconds over any field, a tool-tip with additional information will appear.



- In the part titled „Sponsor Address“, please fill the company name and address as it should appear in the test report. If you would like a postbox to be listed instead of a street address, please use the “Street / P.O. Box” filed to type in the designation and the number (e.g.: P.O. Box 12345). In the generation of the test reports, the address is assembled from the fields as follows:

“Company name”

“Division”

“Street / P.O. Box” “No”

“Postal Code” “City”

“Country”

Should the format of the address you want to enter differ, please use the fields creatively (e.g. if you want to list the postcode after the city, please enter the city name into the “postal code” filed and the postcode into the “city” field) and leave us a note in the comments section.

Sponsor Address (appears in the test report)

Company name			
Devison	VAT Identification Number (EU only)		
Street / P.O. Box	No.		
City	Postal Code		
Country	Report adres		

- If the invoice should be sent to a different address, please use the dropbox in the right lower corner of the part “Sponsor Address”. If you select “Yes”, a new part “Invoicing Address” appears. In this part, you can enter the invoicing information and can also select where the final reports should be sent – to the sponsor or invoicing address. Shipment to a different address is currently not supported.

Sponsor Address (appears in the test report)

Company name			
Devison	VAT Identification Number (EU only)		
Street / P.O. Box	No.		
City	Postal Code		
Country	Report address identical to Invoice address	No	

Invoicing Address (complete only if different from sponsor address) - **NO 3rd parties accepted**

Company name			
Devison	VAT Identification Number (EU only)		
Street / P.O. Box	No.		
City	Postal Code		
Country	Shipment of re-ports + invoice to	Sponsor Address	

- In the part titled „Contact Information“, please enter your name, email and phone number, so we can contact you if any questions arise. Your input (optional) in the field “Purchase order-no” will appear directly on the invoice – enter any information here you require to be part of the invoice (product names will automatically be listed).

Contact Information - for queries / invoicing information

Name	Phone
Email (for report shipment)	Purchase Order- No.

- In the part titled „Product Information“ you can enter the information on the test product to be sent. Using the button “Add Product” you can add products to the list (new products are always added to the end of the list). Using the button “Delete Product” you can delete the current product.

Product Information (all information, except comments on the product appear in the report)

No.	Product name	Type of test
1	Title 1	Identifier 1
	Title 2	Identifier 2
	Comments on the product **	

Buttons: Add Product, Delete Product

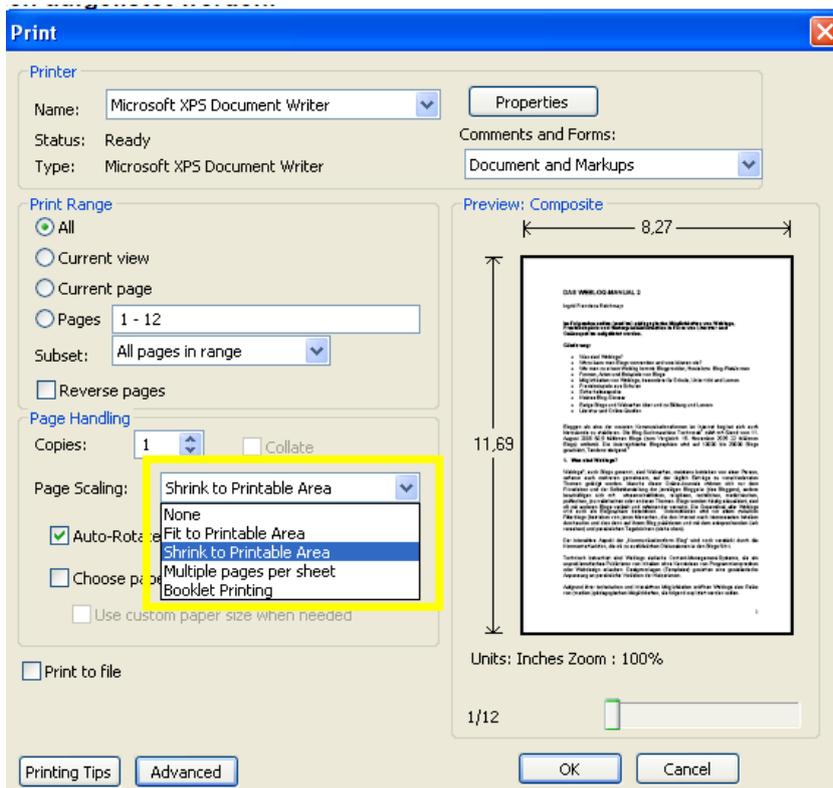
- For each product you can select the type of test, the concentration, possible solvents and the report language using drop-boxes. The fields “Product name”, “Title 1”, “Identifier 1”, “Title 2”, “Identifier 2” should be used to enter all product information that should appear in the test report (see example report using the field names at the end of this document). For example to enter the product “Kids Shampoo – gentle, Formulation No.: 498582; Ch. 4033”, you could enter the following: “Product name” → “Kids Shampoo – gentle”, “Title 1” → “Formulation No.:", “Identifier 1” →

“498582”, “Title 2” → “Ch.”, “Identifier 2” → “4033”. In case you want your product to be tested only on subjects with sensitive skin (surcharge according to current price list applies), please tick the respective box.

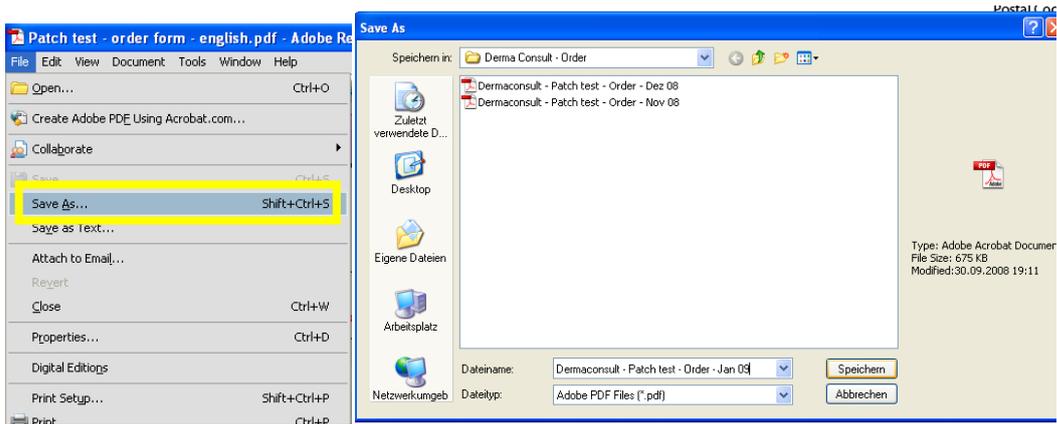
Place, Date Please sign here (required). Signature

Product Information (all information, except comments on the product appear in the report)			
No. 1	Product name Title 1	Type of test Simple Patch Test	Test concentration * 100 % - Cream
Add Product	Title 2	Identifier 1	Solvent (if required) Water (Standard)
Delete Product	Comments on the product **	Identifier 2	Report language English
			Test only on subjects with sensitive skin <input type="checkbox"/>

- Please note that a product needs to have a specific designation (reference or formulation numbers if possible). The creation of reports on the sole basis of trivial category names (e.g. “Handcream”) is not possible.
- After you have filled in all required information, please print the form using the button „Print Form“ (top right corner), sign the printout and ship it together with the samples to us. If you need to send some samples at a later date, please use a separate form.
- Should parts of the form been cut off in the print-out, please change the “Page Scaling” setting to “Shrink to Printable Area” in the print dialogue.



- You can save the form with your input at any time. If you need to prepare orders frequently, just save a copy with your company and contact information already filled in to save time.



Form Contents as it appears in the reports

Sponsor Address (appears in the test report)

Company name		
Devison		VAT Identification
Street / P.O. Box		
City		
Country		

Contact Information - for queries / invoicing information

Name		Phone
Email (for report shipment)		Purchase Order- N

Hereby we order patch testing on the following cosmetics according to your current price list. The samples comply with the current EU cosmetics regulation 1223/2009, are toxicologically cleared for their intended use and there are, on the basis of all available knowledge, no safety concerns for the conduct of the study. Product liability remains with the study sponsor.

Pl:

Product Information (all information, except comments on the product appear in the report)

No.	Product name	Type of test
1	Title 1	Simple Patch Test
	Title 2	Identifier 1
	Comments on the product **	Identifier 2

DC Brunnenstraße 61 53347 Alfter Germany Expertise Examination of the Product "Product name" Title 1 Identifier 1 Title 2 Identifier 2 Concentration: undiluted by Human Patch Test (Cosmetic Trial) Sponsor Company name Devison Street / P.O. Box No. Postal Code City Country	 Consult GmbH Gesellschaft zur Prüfung von Dermatika Phone: +49 - (0)2222 / 9108 - 10 Fax: +49 - (0)2222 / 9108 - 40 E-mail: info@dermaconsult.com Web: www.dermaconsult.com Date: 06.08.2008 Performing Laboratory Derma Consult GmbH Brunnenstr. 61 53347 Alfter Germany
---	---