

Stability Study Questionnaire

First and Last Name

Company Name

E-mail

Phone Number

How many different SKUs would you like to test? (ex 10 SKUs)

If there are multiple flavors/varieties per SKU, how many varieties? (ex 5 flavors per SKUs)

What type of product is it? (ex Flower, Concentrate, Topical, Edible, etc...)

What is the size of each product? (ex milliliters, grams, ounces, etc...)

What is the desired shelf-life? (ex 12 months, 24 months, etc...)

Which stability chambers would you like to pursue? *We recommend real-time and accelerated.*

Real-Time Chamber (25C / 60% Relative Humidity)

Zone IVB Chamber (30C / 75% Relative Humidity)

Accelerated Chamber (40C / 75% Relative Humidity)

What tests would you like to run for this study?

Potency

Water Activity

Other (Please write below)

Microbials

Moisture Content

Heavy Metals

Residual Solvent

How many time points would you like pulled for accelerated testing? (If unsure, please put '0')

How many time points would you like pulled for real-time testing? (If unsure, please put '0')

If you'd like to pursue, how soon would you like to start the study?

What is the purpose of your study? *This can be intended to determine shelf-life, formulation, packaging integrity, and more.*