



MICHELSON LABORATORIES, INC.

Shelf-Life Study Request Form

Please return completed form to saleslist@michelsonlab.com

Name: _____ Date of Request: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Product Description: _____

Initial Moisture _____ Ingredients: _____

Water _____

pH _____

Fat Content _____

What is your target Shelf Life? (# of days, months) _____

What are the storage conditions? Frozen (below 0°C/32°F)

 Refrigerated (0 - 4°C / 32 - 39°F)

 Ambient (20-25°C / 68-77°F)

 Other: _____

What is the packaging size/material? _____

Which type of Sensory Analyses are you interested in? (Mark all that apply)

Appearance/Odor Taste None

*Please provide cooking instructions for Sensory Taste Analysis

What organoleptic changes occur to your product at the end of its shelf life? (Mark all that apply)

Taste Texture Odor Color

Other: _____

Would you like to conduct an Open or Closed Study? Open Study Closed Study

Open Study (Same package used for each test point)

Closed Study (New package used for each test point)