



Medallion Labs

SHELF LIFE STUDY QUESTIONNAIRE

Please submit completed questionnaire to sales.medallion@medlabs.com

Date: _____
Company Name: _____
Company Address: _____
Primary Contact Name: _____
Phone Number: _____ Email: _____

1. What is the reason for shelf life testing?

_____ New product

_____ Change in formula, ingredients, processing or packaging

_____ Consumer complaints

_____ Verification of current shelf life

_____ Other (please describe): _____

2. What is the product you wish to obtain shelf life data on? Please provide a complete description and attach an ingredient list. Ingredient list attached

a. Please fill in the following if you have this information and if applicable:

Initial Moisture: _____ Water Activity: _____ pH: _____ Fat Content: _____

3. Are there any preservatives, extenders, inhibitors or spices used?

4. Is the product cooked, raw or dry?

5. Is there a kill step, heating step in the process? If yes, please describe it.
6. What is the estimated shelf life (if known)?
7. What is the objective shelf life of the product?
8. What is the size of the product/how much product is in each container?
9. How is the product packaged physically? Are you using a modified atmosphere packaging?

a. Please fill in the following if you have this information and if applicable:

Net Wt./Dimensions: _____

Water Vapor Transmission Rate: _____

Oxygen Transmission Rate: _____

10. What are the typical storage conditions for the product?

Refrigerated: _____ Frozen: _____ Room Temp. _____

11. What deterioration is known to occur in your products?

_____ Change in flavor

_____ Change in texture

_____ Change in color

_____ Change in functional characteristics

_____ Other (please describe):

12. Are you making any label claims? If so, please describe:

13. Please describe your product distribution process. Check all that apply and add details if necessary.

Temperature

Scale

Relative Humidity

_____ frozen

_____ global

_____ low

_____ refrigerated

_____ domestic

_____ ambient

_____ ambient

_____ local

_____ high

_____ warm

_____ hot

14. Do you have specific intervals that you are interested in pulling samples for testing?

15. Do you have established testing in place to assess product quality?

16. When would you like to start the study?