



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)