



VALIDATION STUDY TRACKING

CUSTOMER CHECKLIST

Full Name of Primary Contact: _____

Title/Role: _____

Company: _____

Address: _____

Phone: _____

Email: _____

- _____ Complete/Update Customer Form at <https://trelfalabs.com/new-customer/> (if necessary)
- _____ Submit Payment (\$1,500.00 per validated item)
- _____ **ACH (e-check), Credit Cards, or Bank Transfers:** contact Rebecca Hardy at (978) 417-2525 or rebecca@trelfalabs.com
- _____ **Checks:** mail to Trelfa Labs, Inc., 6 Merrill St., Unit 4, Salisbury, MA 01952
- _____ Prepare 16 bottles (no glass) freshly made product, not exposed to HPP
- _____ Label bottles with company name, product ID, date of manufacture
- _____ See Validation Study Labels.PDF
- _____ Enter expected shelf life: _____ days
- _____ Ship product **with this completed form** to Trelfa Labs, Inc., 6 Merrill St., Unit 4, Salisbury, MA 01952 (Monday or Wednesday arrival)

TRELFA LABS USE ONLY

Date	Action
_____	Pre-payment receipt to customer
_____	Samples received
_____	Samples inoculated with Listeria, Salmonella, and E. coli.
_____	Samples transferred to HPP facility
_____	HPP facility results received
_____	Testing dates across the life of product (as follows)
_____	_____
_____	Report emailed to client, CC accounting department
_____	Inventory adjustment