



**FOOD INNOVATION CENTER**  
COLORADO STATE UNIVERSITY



### **SHELF-LIFE TESTING REQUEST FORM**

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A member of our team will follow up with you within 5 business days of your completed submission.

Please review the pricing document on the CSU Spur Food Innovation Center's website and check the box below to indicate your agreement:

☐ I agree to pay the price listed on the Food Innovation Center's pricing sheet for the services requested below.

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#### **Product Information:**

For how many products do you need shelf-life testing?

Please briefly describe the products.

How are the products normally stored?

What is the expected shelf life of the product at the normal storage temperature (you may guess)?

Have you finalized your formula? If not, optionally explain:

Have you finalized your packaging? If not, optionally explain:

Do you have a budget for shelf-life testing?

We look forward to working with you.

Thank you,  
Caitlin Clark  
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