



FOOD INNOVATION CENTER
COLORADO STATE UNIVERSITY

CSU Spur Food Innovation Center
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SHELF LIFE TESTING REQUEST FORM

Food Innovation Center at CSU Spur

Please complete this form so we can design your study and prepare an accurate quote in a timely manner. Fill the form to the best of your ability, even if you are unsure (Best guesses are better than no information at all- flag when it's a best guess).

There is no charge to submit this form. After we review it, we will send you a proposal. **You will not be invoiced until you accept the proposal and sign a project agreement.** Our accounts manager will then send an invoice to the email you provided.

Payment of the invoice is required before documents can be distributed. Payment may be made through the ["Pay My Invoice"](#) portal on the FIC website. The payment link is also provided within your invoice.

1 • Your Contact Information

Company / organization <i>If you have not established a company name, put 'n/a'. If you have worked with us before and have changed your company name, provide your previous one, noting "formally XYZ"</i>	
Contact name	
Email	
Phone	
Today's date	

2 • The Product(s)

How many products need shelf-life testing?	
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Are these products variants of the same base formula?

e.g., flavor variations; if yes, we may be able to share testing across them

☐ Yes

☐ No

☐ N/A

How to fill this out: complete one block for each product. Three are provided below. Have more than three? Duplicate a block or attach a separate list with the same details.

Product 1

Product name	
Product type / category <i>e.g., beverage, bar, dressing, sauce, baked good</i>	
Brief description & key ingredients	
Preservatives or antimicrobials used? <i>list any, or write "none"</i>	
Known pH <i>if measured; optional</i>	
Known water activity (aw) <i>if measured; optional</i>	

Product 2

Product name	
Product type / category <i>e.g., beverage, bar, dressing, sauce, , baked good</i>	
Brief description & key ingredients	
Preservatives or antimicrobials used? <i>list any, or write "none"</i>	
Known pH <i>if measured; optional</i>	
Known water activity (aw) <i>if measured; optional</i>	

Product 3

Product name	
Product type / category <i>e.g., beverage, bar, dressing, sauce, baked good</i>	
Brief description & key ingredients	
Preservatives or antimicrobials used? <i>list any, or write "none"</i>	
Known pH <i>if measured; optional</i>	
Known water activity (aw) <i>if measured; optional</i>	

3 • Storage & Packaging

How is the product stored and distributed?

☐ Shelf-stable / ambient

☐ Refrigerated

☐ Frozen**Intended storage temperature** *if known, e.g. 4°C / 40°F***Primary packaging type & material**
e.g., PET bottle, foil pouch, glass jar, HDPE tub

Is the packaging finalized? (if no, note what may change below)

☐ Yes☐ No

Is the formula finalized? (if no, note what may change below)

☐ Yes☐ No**If packaging or formula is not final, briefly explain what may change**

4 • Shelf-Life Goals & How the Product Fails

Target / desired shelf life *your best guess is fine; include the unit (days, weeks, months)*

What tells you the product is no longer good? (check all that apply)

☐ Off-flavor / rancidity☐ Mold or microbial spoilage☐ Texture change (softening, staling, hardening)☐ Color change / fading☐ Separation / settling☐ Moisture gain or loss☐ Nutrient or potency loss☐ Other: _____

Primary concern for this study: _____

*safety validation may require additional testing***Anything else we should know?** *e.g., past stability problems, ingredients you're concerned about, claims or dates you need to hit, or questions for our team*

5 • Purpose & Timeline

Why do you need shelf-life testing? (check all that apply)

☐ Retailer / buyer requirement☐ Substantiate a “best by” date

- ☐ New product launch
- ☐ Reformulation
- ☐ Regulatory / food safety
- ☐ Other: _____

Do you have a target budget for this testing? <i>optional; helps us scope the right study</i>	
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6 • Acknowledgments

I hereby acknowledge that all of the information provided in this form is accurate to the best of my knowledge. I also acknowledge that if any information on this form changes (e.g., a change in product formula, ingredients, processing procedure, or packaging), I will submit a new, signed Shelf Life Testing Request Form describing the product as it will actually be made.

Typing your full name in the signature box counts as your signature.

Owner/Processor Signature	
Date	

We look forward to working with you.
Thank you,

FIC Team

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