Natural Products Association Ingredient Testing Program Certificate of Analysis	Testing Laboratory Code Identifier Number:

Association Representative:	Address:
Natural Products Association's Participant Code Identifier:	
Ingredient Name:	Ingredient Lot #:
Manufacture Date:	Re-test Date:
Sample Lab Receipt Date:	Test Completion Date:

TEST	TEST METHOD	ACCEPTANCE LIMITS	RESULT

Comments:	
Reviewed by Testing Laboratory Analyst: (Print Name and Title):	Date:
Signature:	
Approved by Testing Laboratory Quality Control Director (Print Name and Title):	Date:
Signature:	

SAMPLE