



HPP Testing Request Form

**For an accurate estimation of the cost of the services that you are requesting, please fill out the first page of this form and send it to sjl38@cornell.edu. We will promptly quote the service for you.
Please contact us before shipping the samples to schedule your tests.**

Samples must be prepared under commercial conditions and packaged in the regular packaging material used for its commercialization. Samples must be shipped under refrigerated or frozen conditions. In some cases, unused and clean containers (i.e. cups, pouches, bottles and lids) will be requested.

PLEASE NOTE. Prerequisites for HPP treatment include:

1. Foods must be packaged in flexible containers that allow the transmission of pressure and can withstand the high pressures without rupturing or leaking. If your packaging material has not been validated for HPP purposes, we may suggest additional tests before performing a safety validation, to evaluate the packaging suitability for HPP processing.
2. HPP-treated foods should contain minimal amounts of air or dissolved gases.

Company, contact person and product information

Contact Person: _____

Company Name: _____

Company Address (City, State, & Zip): _____

Contact Phone Number/E-mail address: _____

Food category (juices, deli meats, ready-to-eat products, dairy products, other) _____

Product name (same name that you will use to commercialize it): _____

Product pH/ Brix, aw (if known): _____

Product estimated shelf life (in days): _____

Current HPP processing conditions (if established)

Packaging and seal description: _____ Head Space: _____

Has this packaging material been validated for HPP processing? Yes _____ No _____ Not sure _____

Initial product temperature (°C): _____ Pressure: _____ Dwell time: _____ Processing water temperature (°C): _____

Product storage conditions: _____

Testing Requested:

For any given product, more than one service can be requested using the same form.

_____ Safety validation study. Indicate the pathogen(s) of concern (if known) _____
If the HPP conditions (pressure and dwell time) are established, at least 12 samples are required. For trials including different pressures and dwell times (maximum 3 combinations) a minimum of 28 samples are required.

_____ Shelf-life estimation
For a shelf life between 0 and 6 weeks at least 7 samples are required. For a shelf life over 6 weeks, a minimum of 10 samples is required.

_____ Accelerated shelf life determination (25% additional cost)
Accelerated stability testing involves storing the product at elevated temperature, humidity and/or light intensity than the typical storage conditions in order to obtain results in a shorter period of time. Some products are not eligible for this option.

_____ Refrigerated shelf life determination

For shelf-life estimation please indicate if you want us to establish it based on any particular physicochemical quality aspects (i.e. color, texture, acidity), microbiological results (i.e. total aerobic plate count, yeast & mold counts, lactic acid bacteria counts) or both.

For priority access executing this service please check this box (25% additional cost)

Priority access: Experiments are scheduled within 7 business days after request and the report is provided within 5 business days after completing the HPP testing. Payment must be received in full before releasing the final report.

Regular Service: Experiments are scheduled within 12 business days and the report is provided within 10 business days after completing the HPP testing. Payment must be received in full before releasing the final report.

THIS FORM MUST ACCOMPANY EACH AND EVERY PRODUCT
PAYMENT MUST BE RECEIVED IN FULL BEFORE RELEASING THE FINAL REPORT

TENTATIVE SCHEDULE FOR TESTING, SAMPLES REQUIRED AND QUOTATION

To be completed at the HPP Validation Center once receiving the testing request form

Dates available for experiments: _____

Number of samples required and suggested shipping conditions: _____

Service cost and description: _____

If you agree with the conditions stated above, please complete the Billing Information. An invoice will be sent to the contact person indicated here upon completion of the experimental trials. Payment must be received in full before releasing the final report.

Billing information

Contact Person: _____

Company Name: _____

Company Address (City, State, & Zip): _____

Contact Phone Number/E-mail address: _____

For samples shipping (refrigerated/frozen) use the following address:

John Churey

HPP Validation Center, Food Science Building, NYS Agricultural Experiment Station, Cornell University

630 W North Street, Geneva, NY 14456

Phone: 315-787-2258

Email: jjc2@cornell.edu

****PLEASE DO NOT SEND SAMPLES IF THE EXPERIMENTS HAVE NOT BEEN SCHEDULED YET****

SAMPLES CONTROL

For internal use only

Total of samples shipped: _____

Production date: _____ Date of shipment: _____ Arrival date: _____

Storage conditions: _____ Refrigerated _____ Frozen

Comments: _____
