

## DIETARY PRODUCT FORM

**COMPANY:**

**CONTACT PERSON:**

**DELIVERY DATE:**

**PRODUCT NAME:**

**ESTIMATED DATE FOR LAUNCH ON MARKET:**

## 1.- PRODUCT CHARACTERISTICS

### 1.1.- DESCRIPTION OF THE PRODUCT

### 1.2.- PROPOSED COMPOSITION

### 1.3.- JUSTIFICATION OF THE PROPOSED FORMULATION

### 1.4.- APPROXIMATE MINIMUM SIZE OF BATCH

## 2.- PRESENTATION OF THE PRODUCT

### 2.1.- SOLID ORAL FORMS

#### 2.1.1.- PHARMACEUTICAL FORM

CAPSULE     TABLET     SYRUP     VIAL     DROPS     PEARLS

#### 2.1.2.- PLEASE INDICATE HOW YOU WISH TO RECEIVE THE PRODUCT:

BULK (OEM)     SEMI-PREPARED PRODUCT     FULLY PREPARED PRODUCT

IN THE EVENT THE SEMI-PREPARED PRODUCT OR THE FULLY PREPARED PRODUCT IS REQUIRED, PLEASE INDICATE WHICH:

#### 2.1.3.- BASIC PREPARATION

BLISTER PACK:  YES     NO

BLISTER PACK THAT IS IDENTIFIED ON THE BACK:  YES     NO

PET CONTAINER:  YES     NO

SIZE OF CONTAINER:  30 CAPSULES     60 CAPSULES     120 CAPSULES

OTHER:

### 2.2.- LIQUID ORAL FORMS

PET CONTAINER

GLASS CONTAINER

TRANSPARENT     TOPAZ COLOURED

SIZE OF CONTAINER:  60 ml     120 ml     250 ml

DROPPING PIPETTE<sup>1</sup>:  YES     NO

OTHER:

### 2.3.- SECONDARY PREPARATION FOR BOTH SOLID AND LIQUID FORMS (DESIGN AND MATERIALS)

WILL THE CLIENT SUPPLY THE MATERIAL NEEDED FOR PREPARATION (LABELS, BOXES, ETC.)?:

YES     NO

IN THE EVENT THE CLIENT MERELY PROVIDES THE DESIGN:

DOES THE CLIENT WISH US TO HAVE THE MATERIALS NEEDED FOR PREPARATION MANUFACTURED USING THE DESIGN PROVIDED?:  YES     NO

IN THE EVENT THE CLIENT DOES NOT PROVIDE THE DESIGN<sup>2</sup>:

DOES THE CLIENT WISH US TO HAVE THE MATERIALS NEEDED FOR PREPARATION DESIGNED AND THE MANUFACTURED?

<sup>1</sup> The dropping pipette is only available for 60 ml containers.

<sup>2</sup> The company (X the name of the company handling manufacture for third parties) is not responsible for any advertising claims made by the client.