



REQUEST FOR MIXING QUOTE

1. This form is REQUIRED for MIXING QUOTES. Complete all pages.
2. If there are multiple products, please duplicate this form.
3. Ship 1 liter of your product sample, this form, and all attachments to "Attn: Mixing Quote" at the above address.

A. COMPANY INFORMATION

Company Name:		
Street Address:		
City:	State:	Zip:

B. CONTACT INFORMATION

Primary Contact:	E-mail:
Phone:	Fax:
Technical Contact:	E-mail:
Phone:	Fax:
QA Contact:	E-mail:
Phone:	Fax:
Shipping/Receiving Contact:	E-mail:
Phone:	Fax:
Accounts Payable Contact:	E-mail:
Phone:	Fax:

C. PRODUCT INFORMATION:

C1) Product Name:	
C2) Physical Characteristics (i.e., consistency, color, etc.)	
C3) Classification (i.e., cosmetic, pharmaceutical, medical device, etc.)	
C4) Anticipated product packaging:	<input type="checkbox"/> Bulk <input type="checkbox"/> MicroDose (Size: _____) <input type="checkbox"/> Tubes (Size: _____) <input type="checkbox"/> Other _____

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D. PRODUCT FORMULATION *please check the appropriate box for each*

Product formulation, listing each ingredient as % by weight:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
For each ingredient:		
D1) Ingredient name, and trade name if applicable:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D2) Ingredient grade:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D3) Ingredient state (liquid, gel, powder, etc.):	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D4) CAS Number:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D5) Vendor information, including part number, vendor name, phone number, address, sales rep, etc.:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D6) Ingredient specification:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D7) Ingredient technical bulletin:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D8) Ingredient MSDS:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
D9) Receiving tests required of ingredients received:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

Are ingredient substitutions allowed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please explain:</i>		

Are ingredients customer-supplied?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please indicate which ingredients:</i>		

E. BATCH INSTRUCTIONS

E1) Test Batch Size:	E2) Production Batch Size:
E3) Expected yield loss per batch:	
E4) Mixing instructions:	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable
E5) This product formulation is:	<input type="checkbox"/> New, not in production <input type="checkbox"/> Currently in production
E6) Has this formula been tested and validated	<input type="checkbox"/> Yes, attached <input type="checkbox"/> Not applicable

F. QUALITY ASSURANCE

	Ingredients		Finished Product	
F1) Receiving & inspection criteria:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F2) Record-keeping requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F3) Validation requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F4) Testing methods & tolerances:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F5) Final inspection criteria:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F6) Certificate of analysis required for all components received	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F7) Micro tests required for cleaning and processing:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
F8) Challenge, stability requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

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G. SAFETY INFORMATION

For every ingredient, at every stage of mixing:		
G1) Special handling:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G2) Personal Protective Equipment:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G3) Hazardous:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G4) Incompatibilities:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G5) FDA regulated:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G6) EPA regulated:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G7) DEA regulated:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G8) DOT regulated:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G9) Other regulatory agency:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
G10) Do any ingredients fall into Class 1 Div 2 NFPA list in the NEC handbook:	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
<i>If 'Yes' to any, please explain...attach appropriate instruction and documentation</i>		

H. SPECIAL INSTRUCTIONS

For Internal Use Only

Customer Representative:	
Date RFQ Received:	
RFQ Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No