

FDA Product Data Sheet: Dietary Supplements

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Account Number				Account Name			
DUNS Number (if available)				Client Part Number*			
Description of Product (as of	complete a	es possible)		1			
Government Agency Processing Code				Tariff Number			
DSU Dietary Supplements							
FDA Product Code (if known)				Customs Country of Origin**			
FDA Country of Origin**	Storage Status	Process	sing (if other, specify)			Product is for	
Please answer the following	Ready to Eat	eady to Eat or Enrichment/additive for further manufacturing					
Prescription Single ing			n/Rx <u>or</u> Non-Prescription				
			edient <u>or</u> Multiple ingredients				
ncrease in value.) The FDA convolved in the production of the	e food. 2						
Company Name							
Address			City	State/Pro		ince Zip/Postal Code	
Country			Food Facilit	ood Facility Registration Number		DUNS Number (if available)	
FDA Shipper (As showr Company Name	n on Cus	stoms document, E	OL or airwa	ay bill)			
p- y							
ddress		(City	State/Prov		nce	Zip/Postal Code
Country			Food Facilit	y Registration Number		DUNS Number (if available)	
Prior Notice Submitte	er Info	rmation				I	
Contact Name							
Contact Phone No.		Contact E-mail Address					