

Instructions for the Electronic Material Transfer Information form

1. Place your cursor under the Institution/Company field
2. TYPE in your Institution/Company name.
3. TAB to the next field on the form and type in the required information.
4. Continue using the TAB key to navigate to the next field.
5. Continue to TAB through the rest of the form and complete the required information.
6. You can save the document and email it to info@researchdiets.com or print and **FAX** it to **732-247-2340**.
7. Please use a separate form for each compound.

MATERIAL TRANSFER AND INFORMATION FORM



Please FAX this document before shipping and include original copy with your material. We cannot start production of your diets without this completed form.

To: Research Diets, Inc.
20 Jules Lane
New Brunswick, NJ 08901 USA
Fax: 732-247-2340
Phone: 732-247-2390

| | | | | | |
|--------------------------------|----------------|------------------|---------------|--|--|
| Material Return Address | | | | | |
| INSTITUTION/COMPANY | | | Attention to: | | |
| STREET | BUILDING | ROOM # | PHONE NUMBER | | |
| CITY | STATE/PROVINCE | ZIP/ POSTAL CODE | EMAIL | | |

| Material Information (Please use a separate form for each material) | | | | | |
|--|--|-----------------------|--|------------------------------|-----------------|
| MATERIAL NAME | | ORIGINAL MANUFACTURER | | STORAGE/STABILITY CONDITIONS | |
| | | | | ROOM TEMPERATURE | LIGHT SENSITIVE |
| # OF PACKAGES | | LOT NUMBER | | 4-8 C | HEAT SENSITIVE |
| | | | | -20 C | OTHER: |
| TOTAL NET WEIGHT | | GROSS WEIGHT | | SOLID | LIQUID |
| | | | | | |
| VALUE (USD) | | EXPIRATION DATE | | FINE POWDER | CAPSULE |
| | | | | GRANULAR | TOTAL # |
| COMPOUND PURITY (e.g. 50%, 100%) | | | | TABLET | |
| | | | | | WATER SOLUBLE |
| | | | | | ALCOHOL SOLUBLE |
| | | | | | OTHER: |

| | |
|---|--|
| <p><u>How are we to use the material you sent us?</u></p> <p>Use it all (maximize quantity of diet)</p> <p>Only use amount needed for the order (<u>please send us 10% more to account for losses during pelleting</u>)</p> | <p>Any remaining material <u>will be returned to you</u> (at the above Material Return Address) <u>at your cost.</u></p> |
|---|--|

MSDS available? Yes No If yes, please attach. If no, please fill out below:

| |
|---|
| <p>Handling Instructions/ Special Precautions: (e.g. gloves, mask, etc.)</p> |
| <p>Health Hazard Data: (Please list any known and potential health concerns)</p> |
| <p>Other Information:</p> |

IF YOU ARE UNSURE ABOUT THE HEALTH CONCERNS OF YOUR MATERIAL, PLEASE DISCUSS THIS WITH US BEFORE SENDING IT, AS IT MAY PREVENT US FROM HANDLING YOUR MATERIAL.

Completed by: NAME _____ TITLE _____ DATE _____