Product Information Form
Merative™ Micromedex® POISINDEX®

Use a Separate Form for Each Product

1. Product Label

Trade Name: _____

Synonym(s): _____

2. Countries of Distribution: _____

3. Manufacturer's Recommended Use: _____

Type/Use of Product: _____

Industrial Use: YES _____ NO _____

Consumer Use: YES _____ NO _____

4. Ingredients and Amounts (Identify by generic, chemical, or CTFA name only. Do not use tradenames in the field below): Please include all ingredients for each product.

Active Ingredients (or general chemical class or category)	Amount (or percentage range)

Inactive Ingredients (or general chemical class or category)	Amount (or percentage range)

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5. **Physical Description**
   Form: _____ Flavor: _____ Color: _____
   Odor: _____ pH: _____
   Regulatory Type (i.e., EPA, PCP): _____ Number: _____
   Product/Formula Identification Codes (i.e., Formula Number, MSDS Number, UPC) (please be specific)
   _____

6. **Availability**
   Container Sizes and Type (i.e., 8-ounce can): _____

7. **Company Information**
   Contact Company: _____
   Labeler (Company name as it appears on label): _____
   Manufacturer: _____

8. **Formulary Dates** _____
   Released: _____
   Changed/Updated: _____
   Discontinued: _____

9. Name of person filling out this form: _____

10. Title of person filling out this form: _____

11. Company of person filling out this form: _____

Please complete the applicable fields and send to **Poisindex@merative.com**.

If you have any questions, please contact Product Support:

Phone: 1.877.843.6796

Email: productsupport@merative.com

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