

## REQUEST TO ADD COMPOUNDS/MEDICATIONS & CERTIFICATION OF INTENDED USE WITH LABORATORY ANIMALS

**If your compound is not 100% pure, you must denote that on this form and inform your nutritionist/formulator.**

Item	Base Diet #	Compound/Medication (the <i>exact</i> compound being provided— <i>indicate whether in pure form or with other binders/fillers/carriers</i> )	Concentration	Form (applies to initial order; actual form controlled by purchase order details)	Additional Notes
#1			_____ ppm or _____ %	<input type="checkbox"/> 1/2" pellet <input type="checkbox"/> meal <input type="checkbox"/> _____ mg tablet <input type="checkbox"/> other (Specify) _____	
#2			_____ ppm or _____ %		
#3			_____ ppm or _____ %		

Items #4 through # \_\_\_\_\_ continued on additional attached sheet. (Check  if applicable.)

*We hereby certify* to Land O'Lakes Purina Feed, LLC, TestDiet<sup>®</sup> division, and its parents, subsidiaries, and affiliates ("TestDiet<sup>®</sup>") that:

1. The feeding of diet(s), dosing of medications/compounds, and all research conducted using the diet(s) produced by TestDiet<sup>®</sup> and procured by us will be done in accordance with all federal, state, and local statutes, rules, and regulations, including, without limitation, the applicable provisions of Sections 505, 507, and 512 of the Federal Food, Drug, and Cosmetic Act, as amended, and the regulations under the Act, and will be supervised by personnel with appropriate academic, and/or professional accreditation and/or expertise.
2. Any diet so procured by us will be used only for laboratory animal research. Any and all animals that have been fed any such diet or any products derived from said animals will not be used for food purposes at any time.
3. We will not sell, transfer, donate, or otherwise supply the diet(s) to any other person or entity. All unused portions of any such diet(s) shall be destroyed in accordance with all applicable federal, state, and local statutes, rules, and regulations.
4. We release TestDiet<sup>®</sup> from any and all liability of any kind whatsoever and indemnify and hold TestDiet<sup>®</sup> harmless for any damage to animals, humans, and/or property arising from or related to any use, misuse, and/or disposition of the diet(s).

*We further understand and agree* that we must provide a Material Safety Data Sheet (MSDS), a Generally Regarded as Safe (GRAS) certificate, or similar technical data for every compound to be added to a diet, and that the addition of any compound is solely at the discretion of and subject to the agreement of TestDiet<sup>®</sup>.

The **form of the diet(s)**—pellet, meal (powder), or tablet—and the size (if applicable) are to be indicated on each purchase order we place for the diet(s).

We may place subsequent orders for the diet(s)—this Instrument is automatically renewed with each purchase order unless and until previously cancelled or revoked by us.

By: \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Degree/  
 Credentials: \_\_\_\_\_  
(PhD, VMD, etc.)

Title: \_\_\_\_\_

*For and on behalf of*  
 Department: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Country Code: \_\_\_\_\_)

Email: \_\_\_\_\_@\_\_\_\_\_.

Alternate Contact Person (if any):  
 \_\_\_\_\_

**Irradiation.**  If checked and signed below, the diet(s) is/are to be treated with Cobalt 60 gamma irradiation. We assume all liability and risk of loss for all damage, including alteration of the compound(s) that may result from such irradiation.

By: \_\_\_\_\_

**Additional Notes:**

Please fax to: Dr. Carrie Schultz (651-234-8578) or Dr. Kristi Thompson (651-234-8577). This is not an order form, please place order with your dealer.

# Additive Information Form

## Contact Information:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Investigator's Name (if different): \_\_\_\_\_

Institution & Department: \_\_\_\_\_

Dealer Name (if applicable): \_\_\_\_\_

Return Shipping Address (additives will not be shipped to PO Boxes):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additive\* - All information *must* be filled out for TestDiet to manufacture diets

Additive name \_\_\_\_\_

Total weight of additive\*\* (net): \_\_\_\_\_

Total weight of container (tare weight): \_\_\_\_\_

Total weight of container plus additive (gross): \_\_\_\_\_

Unless directed by you otherwise below, we will return the remainder of your additive to you once the diet has been manufactured. If we are manufacturing multiple diets from this additive within a short period of time, we can retain it for you for a brief period. Please check here if you'd like us to keep the additive.

## Disposition of Surplus Additive/Compound (check one):

- Retain for future use within \_\_\_ months (additive will be sent back after this period of time)
- Return WITH finished product
- Return separately to this address: (additives will not be shipped to PO Boxes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Please send in 10-15% extra additive for use in the manufacturing of your diet. If you do not send in extra additive, you may not receive your full order quantity.

## Special storage instructions for this additive:

Check here if no special storage instructions are included:

\_\_\_\_\_  
\_\_\_\_\_

## Special mixing instructions for this additive (i.e., mix with H2O before mixing) :

Check here if no special mixing instructions are included:

If your additive is not 100% pure, you ***must*** tell the nutritionist (C. Schultz or K. Thompson) ***via email***; this column is **NOT** for that information. Please note that tablets are typically not 100% pure.

\_\_\_\_\_  
\_\_\_\_\_

Please ship your additive via DHL, FedEx, or UPS to:

TestDiet  
Attn: Heather Proctor  
1050 Progress Dr.  
Richmond, IN 47374  
765-939-2682, ext 32