

Product Information Form

POISINDEX[®]

Use a Separate Form for Each Product — Please Print or Type

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)

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: _____

If you need assistance completing this form, please call Product Information at +1.800.642.6339.

Click submit to send completed form.



Or, contact us at:

Truven Health Analytics
ATTN: Product Information – POISINDEX
6200 S. Syracuse Way, Suite 300
Greenwood Village, CO 80111-4740 U.S.A.
E-mail: Poisindex_data@truvenhealth.com

+ 1.303.486.6432
+ 1.800.642.6339
+ 1.303.486.6464 FAX