

### General Information

[PL USE ONLY](#) Project No:

Project Name:	Customer Name:
Date Project Received:	Email:
Projected Number of Bottles:	Phone:

### Formulation Information

<input type="checkbox"/> Ingredient List Provided <input type="checkbox"/> Label for Reference Provided <input type="checkbox"/> Finished Product for Reference Provided	<input type="checkbox"/> New Product <input type="checkbox"/> Package Only <input type="checkbox"/> Bulk Only (no packaging)
Serving Size:	Grams Per Container:
Servings Per Container:	Tablets/Capsules Per Container:
Dosage Form: <input type="checkbox"/> Hard Capsules <input type="checkbox"/> Tablets <input type="checkbox"/> Softgels <input type="checkbox"/> Powder	

### Packaging Information

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Item Number:

Container Type <input type="checkbox"/> Bottle <input type="checkbox"/> Bulk <input type="checkbox"/> Packet <input type="checkbox"/> Stick Pack <input type="checkbox"/> Blister Pack		
Capsule Type <input type="checkbox"/> Vegetable <input type="checkbox"/> Gel	Color:	
Container Size:	Container Color:	Container Type: <input type="checkbox"/> PET <input type="checkbox"/> HDPE
Cap Size: (Breathable, CRC, etc?)	Cap Color:	
Cotton, Foil, etc.	Description:	
Neck Band:	Color:	
Desiccant: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1.5 G <input type="checkbox"/> 3.0 G	
Packet: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Packets/Bottle: <input type="checkbox"/> Bulk	
Inner Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size:	No. of Containers/Blisters Per Box:
Outer Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size:	No. of Inner Boxes:

### Labeling Information

Label Type: <input type="checkbox"/> Un-Labeled <input type="checkbox"/> Normal Label <input type="checkbox"/> Sleeve <input type="checkbox"/> Packet <input type="checkbox"/> Film <input type="checkbox"/> Printed Backing (Blister)
Label Will Be: <input type="checkbox"/> Printed In-House <input type="checkbox"/> Provided by Progressive <input type="checkbox"/> Provided by Client
<input type="checkbox"/> Lot No. Only <input type="checkbox"/> Lot No. and Expiration Date <input type="checkbox"/> Lot No. and Manufacturing Date
If expiration date is required, ask about stability testing.
Special Instructions: