The International Food Science Center
SERVICE / CO-MANUFACTURING INQUIRY FORM

Company Name: _____

Contact Person: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

Website (if applicable): _____

Inquiry Details

1. Type of Service Requested (check all that apply):

☐ Co-Manufacturing
☐ Product Formulation and Development
☐ Private Label Review/Production
☐ Packaging
☐ Quality Testing / Analysis
☐ Other: _____

2. Product Description (briefly describe your product):

---

3. Expected Volume / Batch Size:

4. Preferred Start Date for Service:

5. Desired Frequency / Schedule of Production:
☐ One-time ☐ Monthly ☐ Weekly ☐ Other: _____

6. Packaging Requirements:
☐ Glass ☐ Plastic ☐ Pouch ☐ Custom
Size(s): _____

7. Shelf-Life Requirements:

8. Labeling Requirements:
☐ Customer Supplied
☐ IFSC/Manufacturer to Provide
☐ Both

9. Certifications or Standards Required:
☐ HACCP
☐ GMP
☐ None
☐ Other: _____

Product Safety & Regulatory Information

10. Are there any known allergens in the product? e.g., milk, eggs, fish, shellfish, peanuts, tree nuts, gluten, soy, sulphites, sesame, mustard, lupin.
☐ Yes ☐ No
If yes, specify: _____

11. What storage does your product require?

☐ Refrigeration
☐ Freezing
☐ Ambient storage
☐ Other

12. Is a sample available for review?
☐ Yes ☐ No
If yes, expected date of delivery: _____

13. Are you able to provide a Product Specification Sheet?

☐ Yes (attached)

☐ Will provide at contract review request

☐ Not available

14. Are you able to provide your raw material supplier's assurance e.g., certificate of analysis, letters of guarantee or supplier certification (HACCP, GMP, ISO 9001 etc.,)

☐ Yes (attached)

☐ Will provide at contract review request.

☐ Not available

Legal & Quality Requirements

14. Will a Confidentiality/Non-Disclosure Agreement (NDA) be required?

☐ Yes

☐ No

15. Do you have a Quality Agreement or service-level expectations to share?

☐ Yes (attached)

☐ Will provide later

☐ No

16. Any other special instructions, risks, or considerations?

Internal Use Only (to be completed by IFSC staff)

Date Received: _____

Received By: _____

Reviewed By (QA): _____

Next Steps / Comments: