

Product Information Form

Micromedex® POISINDEX®

1. Product Label

Use a Separate Form for Each Product

	Trade Name:	
	Synonym(s):	
2.	Countries of Distribution:	
	Manufacturer's Recommended Use:	
	Type/Use of Product:	
	Industrial Use: YES NO	
	Consumer Use: YESNO	
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
L		
	Inactive Ingredients or general chemical class or category	Amount or percentage range

5.	Physical Description
	Form:
	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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