## REQUEST FOR SAFETY DATA SHEET (SDS) CREATION/REVISION

Note: All information below must be completed or marked "N/A." E-mail all completed request forms to

REQUESTER INFORMATION		
Request is for:	✓ Initial Request	Revision
Name of Requester:		
Requester Phone Number:		
Requester Email:		
Address to be indicated on SDS		
24/7 Emergency Phone No. for SDS		
Locations currently used:		
Countries where material will be		
shipped (if known)		
GENERAL INFORMATION		
Current Development Stage:		
Material Name (Brand Name):		
Intended Indication (if known):		
Chemical Formula (or indicate		
mixture)		
Color		
Final Form: (API, capsule, tablet, etc.)		
Attached any toxicology information	LD50, NOEL, NOAEL, genetox, expected adverse effects, target organs,	
etc. (as available)		
SPECIFIC INFORMATION		
Material is:	☐ Pure Substance	<b>✓</b> Mixture
If mixture list all ingredients below:		
Ingredient(s)	Amount or % (w/w)	C.A.S. Number (if known)
ADMINISTRATIVE INFORMATION (EH&S USE ONLY)		
Date request received:		
Reviewed by:		