



Food Division Nutritional Packages - Chain of Custody

EMSL Order Number / Lab Use Only

EMSL ANALYTICAL, INC.
TESTING LABS • PRODUCTS • TRAINING

PHONE:
EMAIL:

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|-----------------------------|-------------------|-----------------------|-------------------|----------|
| Customer Information | Customer ID: | | Billing ID: | |
| | Company Name: | | Company Name: | |
| | Contact Name: | | Billing Contact: | |
| | Street Address: | | Street Address: | |
| | City, State, Zip: | Country: | City, State, Zip: | Country: |
| | Phone: | | Phone: | |
| Email(s) for Report: | | Email(s) for Invoice: | | |

| Project Information | | | |
|--|-----------------------------------|--|-----------------|
| Project Name/No: | | | Purchase Order: |
| EMSL LIMS Project ID: <small>(If applicable, EMSL will provide)</small> | US State where samples collected: | State of Connecticut (CT) must select project location: Commercial (Taxable) Residential (Non-Taxable) | |
| Sampled By Name: | Sampled By Signature: | No. of Samples in Shipment | |

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| 2 Weeks | Turn-Around-Time (TAT) | 1 Week (Must be approved by the lab. Rush charges will be applied) |
|---------|-------------------------------|--|

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|---|---|--------------------------------------|-----|----|------------------------------------|-----|----|---|-----|----|---------------------------------------|-----|----|
| <p style="text-align: center;"><u>Nutritional Packages**</u></p> <p>Nutritional-Mandatory F641 Nutritional-Vegetable/Fruit F642 Nutritional-Dairy/Processed Meat F643 Nutritional-Fresh Meat/Fish F644 Restaurant Nutritional (accordance with section 4205 of the PPACA)</p> <p>UNSURE. If you are unsure of what nutritional you need for your product, check this box and the lab will choose the correct package for you. Please make sure to provide an ingredient statement so the correct package is chosen.</p> | <p style="text-align: center;"><u>Additional Analyses</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Does your product contain Vitamin D:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Does your product contain Alcohol:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Does your product contain Sugar Alcohols:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Is your product high in Fiber (>10%):</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> <p style="font-size: small;">Vitamin D is mandatory for nutritional packages and must be included on the label if your product contains it. The rest of these are required for accurate calorie calculation. If marked yes, we will add that analysis to the nutritional package with the additional cost.</p> | Does your product contain Vitamin D: | Yes | No | Does your product contain Alcohol: | Yes | No | Does your product contain Sugar Alcohols: | Yes | No | Is your product high in Fiber (>10%): | Yes | No |
| Does your product contain Vitamin D: | Yes | No | | | | | | | | | | | |
| Does your product contain Alcohol: | Yes | No | | | | | | | | | | | |
| Does your product contain Sugar Alcohols: | Yes | No | | | | | | | | | | | |
| Is your product high in Fiber (>10%): | Yes | No | | | | | | | | | | | |

Please include an Ingredient statement with all sample submissions.

****If submitting multiple samples that require different packages or additional analyses, please indicate what package/analysis per sample in the comments section.**

| | | | |
|--|---|-----|----|
| <u>Nutritional Facts Panel</u> | Do you require a Nutritional Facts Panel: | Yes | No |
| <p>If you require a nutritional facts panel with your nutritional report, the below questions must be answered to generate the label.</p> <p style="text-align: center;"><i>Include answers to below questions on a separate page and submit with COC.</i></p> <ol style="list-style-type: none"> 1. If your product contains any added sugar (sugar, honey, concentrated fruit juice), we will need the amount of each ingredient by weight that is in your formulation. 2. What is the serving size by weight? (Example: grams or ounces) 3. What is the household measure you would like displayed on the label? (Example: Cups, Tbsp, Tsp, etc.) 4. What are the servings per container? | | | |

| Sample # | Sample Description | Serving Size | Comments |
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Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

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|---------------------|------------|--------------------------------|-----------|
| Method of Shipment: | | Sample Condition Upon Receipt: | |
| Relinquished by: | Date/Time: | Received by: | Date/Time |
| Relinquished by: | Date/Time: | Received by: | Date/Time |

Controlled Document - COC-78 Nutritional Packages R7 12/22/2023

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

| Sample # | Sample Description | Serving Size | Comments |
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