PROPRIETARY INGREDIENT FORM FOR PSYCHOACTIVE PRODUCTS

***FOR FINISHED PRODUCT COMPANY TO COMPLETE***

|  |  |
| --- | --- |
| **Company Details** |  |
| Company Name |  |
| Contact Person |  |
| Position |  |
| Postal Address |  |
| Phone Number |  |
| Email |  |

|  |  |
| --- | --- |
| **Finished Product Details** |  |
| Name of Finished Product |  |
| Name of Proprietary Ingredient within Finished Product |  |
| Previous Proprietary Ingredient Used Only if Proprietary Ingredient has Changed |  |

***FOR PROPRIETARY INGREDIENT MANUFACTURER OR FINISHED PRODUCT COMPANY TO COMPLETE***

|  |  |
| --- | --- |
| **Proprietary Ingredient Details** |  |
| Name of Manufacturer |  |
| Full Name of Proprietary Ingredient including unique identification number |  |

|  |
| --- |
| **Information to be submitted to the Office of the Psychoactive Substances Authority** |
| ***Checklist*** | ***Submitted*** |
| Qualitative Formulation |  |
| Quantitative Formulation |  |
| Specifications for the Proprietary Ingredient |  |

***NB.*** *The formulation of the proprietary ingredient is required for purposes of use only by the Office of the Psychoactive Regulatory Authority and**will be kept confidential.*

**Please submit all information in hard copy to:**

The Office of the Psychoactive Regulatory Authority

PO Box 5013

Wellington 6145

**Or via email:** Psychoactives@moh.govt.nz