



## New Product Development Request

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

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### Product Development Services:

Which aspects of product development do you want Synergy3 to assist with?

Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Formulation               | <input type="checkbox"/> Packaging Selection & Development       |
| <input type="checkbox"/> Flavor Development        | <input type="checkbox"/> Vendor Selection & Certification        |
| <input type="checkbox"/> Clinical Testing          | <input type="checkbox"/> FDA Pre-Market Notification Submissions |
| <input type="checkbox"/> Label Creation/Review     | <input type="checkbox"/> Patent or Trademark Applications        |
| <input type="checkbox"/> Scientific Substantiation | <input type="checkbox"/> Ordering Logistics and Forecasting      |
| <input type="checkbox"/> NSF Certification         | <input type="checkbox"/> GMP and/or Adverse Event Compliance     |

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### Product Concept:

1. Is this an existing product? \_\_\_ Yes \_\_\_ No      If Yes, provide the following information:  
How is it being sold currently?

\_\_\_\_\_

Who owns the rights to the product formulation?

\_\_\_\_\_

Are there any patents that apply to this product? If yes, list patent number.

\_\_\_\_\_

Where is the product being manufactured?

\_\_\_\_\_

Why do you want the product reformulated? Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Dissatisfied with manufacturer | <input type="checkbox"/> Dissatisfied with flavor             |
| <input type="checkbox"/> Improve efficacy               | <input type="checkbox"/> Update product with current research |
| <input type="checkbox"/> Other: _____                   |   |



## New Product Development Request

2. Describe the function and intended use of the product and list the desired marketing claims for the product. (Examples: weight loss, fat-burning, improved memory, improved heart health, recovery from exercise, rehydration, improved prostate health, younger looking skin, reduce appearance of wrinkles, etc.)

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3. What other claims are desired for the product? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Natural                                     | <input type="checkbox"/> Gluten-Free                        |
| <input type="checkbox"/> Organic                                     | <input type="checkbox"/> Lactose-Free                       |
| <input type="checkbox"/> Kosher                                      | <input type="checkbox"/> Allergen-Free/Hypo-allergenic      |
| <input type="checkbox"/> No Artificial Flavors                       | <input type="checkbox"/> No MSG                             |
| <input type="checkbox"/> No Artificial Colors                        | <input type="checkbox"/> No Preservatives/Preservative Free |
| <input type="checkbox"/> Low Carb                                    | <input type="checkbox"/> Sugar-Free                         |
| <input type="checkbox"/> Low Sodium                                  | <input type="checkbox"/> No Sodium                          |
| <input type="checkbox"/> Low Fat                                     | <input type="checkbox"/> Fat Free                           |
| <input type="checkbox"/> Low/Reduced Calorie                         | <input type="checkbox"/> No Calories                        |
| <input type="checkbox"/> Antioxidant or other nutrient claims: _____ |   |
| <input type="checkbox"/> Other: _____                                |   |

4. What specific ingredients (if any) do you want included in the product?

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5. Are there any ingredients that you do not want included in the product?

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6. What is the desired delivery form of the product (capsule, tablet, liquid, powder, cream, other)? \_\_\_\_\_



## New Product Development Request

7. If the product requires flavoring, coloring, preservatives or fragrance answer the following:

**Fragrance:**

- Only natural fragrances should be used       Synthetic fragrances are acceptable

**Preservatives:**

- Only natural preservatives should be used       Chemical preservatives are acceptable

**Flavors:**

- Only natural flavors should be used       Artificial sweeteners are acceptable

**Colors:**

- Only natural colors should be used       Artificial colors are acceptable

**Sweeteners:**

Check all that apply and circle your preferred choice.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Only natural sweeteners</b>     | <input type="checkbox"/> <b>Artificial sweeteners are acceptable</b> |
| <input type="checkbox"/> Stevia (natural)                   | <input type="checkbox"/> Sucralose/Splenda (artificial)              |
| <input type="checkbox"/> Lo Han (natural)                   | <input type="checkbox"/> Apartame/NutraSweet (artificial)            |
| <input type="checkbox"/> Sugar Alcohols (natural)           | <input type="checkbox"/> Acesulfame K (artificial)                   |
| <input type="checkbox"/> High Fructose Corn Syrup (natural) | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Sugar (natural)                    |  |
| <input type="checkbox"/> Fructose (natural)                 |  |
| <input type="checkbox"/> Other: _____                       |  |

Is there a limit to the total sugars per serving? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If Yes, specify limitation \_\_\_\_\_

8. Is there a specific type of packaging requested? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If Yes, please describe the packaging, provide specifications and/or include images or samples of this packaging. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Will this product be required to be NSF Certified, NSF Certified for Sport or meet other certification or regulatory requirements? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If Yes, please specify \_\_\_\_\_

10. Will this product be sold internationally? If so, please specify countries:  
\_\_\_\_\_



## New Product Development Request

11. What are the expected order volumes for:

Initial orders: \_\_\_\_\_  
First 6 months: \_\_\_\_\_  
First Year: \_\_\_\_\_  
Long-term: \_\_\_\_\_

12. Product launch/availability:

What is your desired product availability / product launch date? \_\_\_\_\_  
Is there a specific event for the launch of this product that needs to be met? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please specify event and date: \_\_\_\_\_

Will other products be launched at the same time as this product? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please specify products and dates: \_\_\_\_\_

13. Is there a target cost or price for the finished product that needs to be met? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please specify: \_\_\_\_\_

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### Market Segment:

1. Does this concept already exist in the marketplace? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, identify some of the companies or products currently in the market place with this product concept.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What products are the primary competitors for this product?

\_\_\_\_\_  
\_\_\_\_\_

3. Who will be the consumers of this type of product? Who is the target market?  
(Examples: athletes, overweight individuals, babyboomers, teenagers, seniors, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## New Product Development Request

4. How will this product be sold? Check all that apply

**Retail**

- Mass Market Retail (Walmart, Walgreens, GNC, etc.)
- Natural Retail (Whole Foods, Sprouts)
- Specialty Retail (privately owned retail stores)

**Direct to Consumer**

- Internet
- Mail Order/Catalog
- Infomercial - specify type: \_\_\_ radio; \_\_\_ television; \_\_\_ other

**Health Professionals**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Doctors         | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Naturopathic Physicians | <input type="checkbox"/> Nurses               |
| <input type="checkbox"/> Chiropractors           | <input type="checkbox"/> Nutritionists        |
| <input type="checkbox"/> Pharmacists             | <input type="checkbox"/> Other: _____         |

**MLM / Network Marketing**

5. Is this product an addition to an existing product line? If yes, please provide information about the product line, formulation philosophy of the line and samples (if available) \_\_\_\_\_

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### Future Needs:

1. Are there other products you are already planning to develop and market in the future?  
\_\_\_Yes \_\_\_ No

If Yes, please identify the other types of products you may want to work with Synergy3 Health to develop in the future. Please include an estimated timeframe in which you may want to launch each product.

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