



**Preferred Supplier Data Sheet (PSDS) for  
Raw Material Suppliers and Contract Manufacturers**

All Raw Material Suppliers and Contract Manufacturers must provide the information requested in this form as part of the qualification procedure for acceptance as a Preferred Supplier by NASC. Any fields not applicable to your company should be completed by entering N/A.

Please return copies of the completed form(s) and requested certifications electronically to Bill Bookout at [b.bookout@nasc.cc](mailto:b.bookout@nasc.cc) or mail to:

NASC  
PO Box 2568  
Valley Center, CA 92082

This information will be posted in the Members Section of the NASC Web Site for companies to download for use in qualifying and accepting the supplier.

Questions: contact Bill Bookout at the NASC office (760-751-3360)

| SECTION 1: SITE OVERVIEW  |   |           |    |
|---|---|-----------|----|
| NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:  | MECK PHARMACEUTICALS & CHEMICAL PVT. LTD, 3/A KAILASH INDUSTRY ESTATE, VILLAGE: IYAVA TA: SANAND AHMEDABAD, GUJARAT (INDIA) |           |    |
| WEB SITE:   | www.meckpharma.com  |           |    |
| CONTACT PERSON  | Harit Bhrahmchari   |           |    |
| TELEPHONE NUMBER:   | (02717)284126   |           |    |
| E-MAIL:   | meckfactory@meckgroup.co.in   |           |    |
| BUSINESS DESCRIPTION / SITE DETAILS:  |   |           |    |
| FACILITY SIZE / # EMPLOYEES:  | 25000sq meters # 150  | DATE EST: |    |
| GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:   | 5 year from manufacturing   | UNION:    | NO |
| SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS: | Glucosamine hydrochloride<br>30 tone /month   |           |    |
| SITE ACTIVITIES CONDUCTED:  | manufacturing, testing, packing, dispatching  |           |    |
| ORGANIZATIONAL CHART:   | Attached  |           |    |

| SECTION 2: EVIDENCE OF COMPLIANCE  |   |
|--|---|
| INDEPENDENT QUALITY CERTIFICATIONS:  | IF YES, SPECIFY:  |
|  | QUALITY MANAGEMENT SYSTEM STANDARD: ISO 9001:2008   |
|  | APPROVAL CERTIFICATES: State GMP & ISO ( under renewal)                                       |
|  | NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL: Food & Drug administration |
| OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:   | NA  |
| WEB SITE:  | www.meckpharma.com  |
| DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION): | 26/11/2015  |



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| <b>SECTION 3: RAW MATERIAL SUPPLIERS &amp; CONTRACT MANUFACTURERS ONLY</b>   |           |
|--|-----------|
| DO YOU HAVE Q/C RELEASE REQUIREMENTS FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO)                                | Yes       |
| DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO)  | Yes       |
| DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: (YES / NO)                               | No        |
| DO YOU SAMPLE EVERY LOT: (YES / NO)  | Yes       |
| DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)  | Yes       |
| <b>LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO)</b>                 |           |
| PHARMACEUTICAL:  | Yes       |
| NUTRITIONAL:   | Yes       |
| BOTANICAL:   | No        |
| MINERAL:   | No        |
| ENZYME:  | No        |
| HORMONE:   | No        |
| PROBIOTIC:   | No        |
| CHEMICAL (OTHER): organic / inorganic chemical   | Yes       |
| <b>METHODS CONDUCTED IN FACILITY: (YES / NO)</b>   |           |
| DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM?   | Yes       |
| DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?   | Yes       |
| <b>TESTING INFORMATION:</b>  |           |
| <b>*IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BOTH SECTIONS*</b>                     |           |
| DOES THIS FACILITY RELY ON AN <u>IN-HOUSE</u> LAB? (YES / NO)  | Yes       |
| IN-HOUSE TESTS PERFORMED: (YES / NO)   | Yes       |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO)   | Yes       |
| RAW MATERIAL ASSAY? (YES / NO)   | Yes       |
| MICROBIAL? (YES / NO – IF YES SPECIFY)   | Yes       |
| pH? (YES / NO)   | Yes       |
| MOISTURE? (YES / NO)   | Yes       |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)  | No        |
| HEAVY METALS? (YES / NO – IF YES SPECIFY)  | Yes       |
| OTHER? (YES / NO – IF YES SPECIFY)   | NA        |
| IF YOU HAVE AN <u>IN-HOUSE LAB</u> PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH: | ISO & GMP |



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| <b>OUTSIDE CONTRACT LABS USED</b>   |  |
|---|--|
| PLEASE LIST YOUR MOST FREQUENTLY USED CONTRACT LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA, USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE PROVIDE ACCREDITATION NUMBER* |  |
| <b>NAME OF LAB #1:</b>  | Accuprec Research Labs PVT. LTD,   |
| ADDRESS / LOCATION:   | 9, Shree raguvir industry, Estate, Near kothavichar rasta, santaj Ta: Kalol Dist:Gadhinar, 382717, Gujarat (INDIA) |
| CONTACT NAME / PHONE NUMBER:  | Rina Gokani, 02764-268721  |
| LIST ANY CERTIFICATIONS FOR THE LAB:  | GLP, BSCISC ISO 9001, NABCB QM030  |
| <b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>  |  |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO)  | No   |
| RAW MATERIAL ASSAY? (YES / NO)  | No   |
| MICROBIAL? (YES / NO – IF YES SPECIFY)  | No   |
| pH? (YES / NO)  | No   |
| MOISTURE? (YES / NO)  | No   |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)   | NA   |
| HEAVY METALS? (YES / NO – IF YES SPECIFY)   | Yes  |
| OTHER? (YES / NO – IF YES SPECIFY)  | IR (yes)   |
| <b>NAME OF LAB #2:</b>  | Gujarat Laboratory   |
| ADDRESS / LOCATION:   | F-17 Madhavpura market, shahibag Ahmedabad 380004, Gujarat, (INDIA)  |
| CONTACT NAME / PHONE NUMBER:  | 07926526040, 25624821  |
| LIST ANY CERTIFICATIONS FOR THE LAB:  | ISO9001:2008   |
| <b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>  |  |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO)  | No   |
| RAW MATERIAL ASSAY? (YES / NO)  | No   |
| MICROBIAL? (YES / NO – IF YES SPECIFY)  | No   |
| pH? (YES / NO)  | No   |
| MOISTURE? (YES / NO)  | No   |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)   | No/NA  |
| HEAVY METALS? (YES / NO – IF YES SPECIFY)   | Yes  |
| OTHER? (YES / NO – IF YES SPECIFY)  | IR (yes)   |
| <b>NAME OF LAB #3:</b>  | NA   |
| ADDRESS / LOCATION:   |  |
| CONTACT NAME / PHONE NUMBER:  |  |
| LIST ANY CERTIFICATIONS FOR THE LAB:  |  |
| <b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>  |  |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO)  |  |
| RAW MATERIAL ASSAY? (YES / NO)  |  |
| MICROBIAL? (YES / NO – IF YES SPECIFY)  |  |
| pH? (YES / NO)  |  |
| MOISTURE? (YES / NO)  |  |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)   |  |
| HEAVY METALS? (YES / NO – IF YES SPECIFY)   |  |
| OTHER? (YES / NO – IF YES SPECIFY)  |  |



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**SECTION 4: CGMP COMPLIANCE DETAILS**

PROVIDE A BRIEF SUMMARY OF HOW THE SUPPLIER COMPLIES WITH EACH APPLICABLE ELEMENT OF THE CURRENT GMP GUIDELINES. NON-APPLICABLE ELEMENTS SHOULD BE NOTED AS SUCH.

|  |                  |
|--|------------------|
| IS FACILITY ISO CERTIFIED? YES / NO:<br>IF YES SPECIFY THE ISO STANDARD<br>AND ATTACH CURRENT CERTIFICATE. | Yes<br>9001:2008 |
| LIST AND ATTACH ANY OTHER CERTIFICATIONS OR<br>EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):   | State GMP        |

SPECIFY MOST RECENT FACILITY INSPECTIONS BY STATE, FEDERAL, OR FOREIGN AGENCY (DATE OF INSPECTION, AND RESULTS OF THE INSPECTION SPECIFY AGENCY):

| DATE       | INSPECTION AGENCY | RESULTS OF THE INSPECTION |
|------------|-------------------|---------------------------|
| 25/11/2015 | State GMP         | Satisfactory              |
|            |                   |                           |
|            |                   |                           |
|            |                   |                           |
|            |                   |                           |

**SECTION 5: ADDITIONAL INFORMATION**

|   |  |
|---|--|
| Hazard Plan (HACCP) / DATE IMPLEMENTED:   | 26/05/2015   |
| STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:   | Electronic & manual where applicable   |
| CORPORATE BIOTERRORISM ACT COMPLIANCE:  | NA   |
| DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION. | We have dedicated facility for produce the product. And also in-house cleaning producer & control point. |
| MEMBERSHIP IN INDUSTRY TRADE GROUPS:  | Attached   |

**SECTION 6: CONTRACT MANUFACTURERS**

|   |                               |
|---|-------------------------------|
| HOW DO YOU GUARANTEE BANNED SUBSTANCES (STIMULANTS, NARCOTICS, STEROIDS, DIURETICS, BETA-2-AGONISTS, BETA BLOCKERS, MASKING AGENTS, OR SIMILAR SUBSTANCES) ARE NOT PRESENT IN YOUR INGREDIENTS? | Attached                      |
| HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?  | By food & drug administration |

**SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION**

|                 |   |        |          |
|-----------------|---|--------|----------|
| COMPANY NAME:   | Meck pharmaceutical & chemicals pvt. Ltd, |        |          |
| CONTACT NAME:   | Harit brahamchari                         | TITLE: | Director |
| E-MAIL ADDRESS: | Meckfactory@meckgroup.co.in               |        |          |

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION GIVEN BY ME TO THE NATIONAL ANIMAL SUPPLEMENT COUNCIL (NASC), INC. IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THE INFORMATION PROVIDED IS NOT THOROUGH AND COMPLETE, NASC WILL REJECT THE FORM AND RESUBMISSION OF THE FORM WILL BE REQUIRED.

|  |   |
|--|---|
| <br>SIGNATURE | <br>DATE |
|--|---|