



**Preferred Supplier Other Products & Services Data Sheet (OPSDS)**

NASC established a **Preferred Supplier Program** for companies who wish to provide products and services to NASC member companies, including raw materials (ingredients), contract manufacturing (dosage form products and feed supplements), analytical laboratory services and other services such as insurance, business consulting, legal expertise, etc.

The goal of the program is to prequalify vendors so that NASC members may accept and use products or services from Preferred Suppliers without additional vendor qualification procedures required under NASC cGMPs.

There are four categories of **NASC Preferred Suppliers**: Raw Material Suppliers, Contract Manufacturers, Analytical Laboratories and Service Providers.

The qualification procedure includes providing information to NASC on the scope of company operations, quality compliance program certifications, statements and additional documentation specific to the type of supplier, e.g., data sheets for each ingredient a Raw Material Supplier would like to qualify and include in the program.

**Preferred Supplier Other Products & Services Data Sheet**

All Other Product & Service Providers must submit 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 requested certifications and the completed form electronically to Bill Bookout at [b.bookout@nasc.cc](mailto:b.bookout@nasc.cc) or mail to:

NASC  
PO Box 5168  
Sun City West, AZ 85376

Contact Bill Bookout at the NASC office (760-751-3360, X1) with any questions about the **Preferred Supplier Program**.



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SECTION 1. COMPANY INFORMATION

Table with 2 columns: Field Name and Value. Fields include COMPANY NAME, MAILING ADDRESS, CITY, STATE, ZIP, WEB SITE, and YEARS ESTABLISHED.

SECTION 2. GENERAL QUESTIONS

Table with 2 columns: Question and Answer. Questions include LIST OF PRODUCTS & SERVICES, NAME OF INDIVIDUAL FILLING OUT FORM, LIST OF INDUSTRIES YOUR COMPANY NORMALLY PROVIDES SERVICES FOR, and LIST ANY OTHER RELEVANT INFORMATION WE SHOULD TAKE INTO CONSIDERATION.

SECTION 3. EVIDENCE OF COMPLIANCE

Table with 2 columns: Question and Answer. Questions include LIST ANY CERTIFICATIONS YOU MIGHT HAVE (IF APPLICABLE), ARE YOU INSPECTED BY ANY STATE, FEDERAL OR FOREIGN AGENCIES (YES OR NO), SPECIFY MOST RECENT INSPECTIONS BY STATE, FEDERAL OR FOREIGN AGENCIES, DATE AND RESULTS OF INSPECTION, HOW OFTEN ARE YOUR AUDITED / INSPECTED, and ATTACH CERTIFICATION. Includes a sub-table for inspection details with columns: DATE, INSPECTION AGENCY, RESULTS OF INSPECTION.



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DOCUMENTS:

SECTION 4 SUPPORTING DOCUMENTATION

ATTACH ANY APPLICABLE DOCUMENTATION

Table with 2 columns: EXAMPLES and ATTACHED: YES / NO / N-A. Rows include Audit Certifications, Facility Inspection Documents, and Other.

SECTION 6. ADDITIONAL INFORMATION

ADDITIONAL COMMENTS / INFORMATION:

SECTION 7. CONTACT INFORMATION

Contact information table with fields: CONTACT NAME, TITLE, OFFICE PHONE, OTHER PHONE, E-MAIL.

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.

Signature and Date section with fields for SIGNATURE and DATE.