



Preferred Supplier Other Products & Services Data Sheet (OPSDS)

SECTION 1. COMPANY INFORMATION

COMPANY NAME:	Nutrasource Pharmaceutical & Nutraceutical Services
MAILING ADDRESS:	120 Research Lane, Suite 101
CITY, STATE, ZIP:	Guelph, Ontario, N1G0B4
WEB SITE:	www.nutrasource.ca
YEARS ESTABLISHED:	2002

SECTION 2. GENERAL QUESTIONS

LIST OF PRODUCTS & SERVICES:	Clinical Trials, Regulatory, Research & Development, Certifications and Product Analytics
NAME OF INDIVIDUAL FILLING OUT FORM:	William Rowe
LIST OF INDUSTRIES YOUR COMPANY NORMALLY PROVIDES SERVICES FOR:	Dietary Supplements, Pharmaceuticals, Natural Health Products, Medical Devices, Pet Foods and Supplements, Raw Materials and Ingredients, Cannabis and CBD
LIST ANY OTHER RELEVANT INFORMATION WE SHOULD TAKE INTO CONSIDERATION:	

SECTION 3. EVIDENCE OF COMPLIANCE

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:		
DATE	INSPECTION AGENCY	RESULTS OF INSPECTION
HOW OFTEN ARE YOUR AUDITED / INSPECTED:		



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ATTACH CERTIFICATION DOCUMENTS:	
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SECTION 4 SUPPORTING DOCUMENTATION

ATTACH ANY APPLICABLE DOCUMENTATION

<u>EXAMPLES:</u>	<u>ATTACHED: YES / NO / N-A</u>
• AUDIT CERTIFICATIONS:	
• FACILITY INSPECTION DOCUMENTS:	
• OTHER:	


SECTION 6. ADDITIONAL INFORMATION

ADDITIONAL COMMENTS / INFORMATION:	
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SECTION 7. CONTACT INFORMATION

CONTACT NAME:	William Rowe
TITLE:	President & CEO
OFFICE PHONE:	519-341-3360
OTHER PHONE:	519-827-8129
E-MAIL:	wrowe@nutrasource.ca

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.

	12 Aug 2021
SIGNATURE	DATE