



**Feingold® Association of the United States**  
**3612 W. Whitten Street, Chandler, AZ 85226**  
**PRODUCT INQUIRY FORM**

Manufacturer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Brand Name(s) \_\_\_\_\_ Product Name & UPC # \_\_\_\_\_

**(Only ONE Product per form, please!)**

**Please indicate whether or not your product or any individual ingredients contains any of the following:**

	YES	NO
1. Artificial (synthetic) color (certified color additives such as FD&C Yellow #6, tartrazine, etc.)	_____	_____
Do any of the ingredients in this product, such as dried eggs, margarine, etc., contain synthetic color?	_____	_____
If your product contains cheese, butter or ice cream, has synthetic coloring been used as a whitening or coloring agent?	_____	_____
2. Artificial (synthetic) flavor such as vanillin (synthetic vanilla)	_____	_____
Do any of the ingredients in this product, such as margarine, contain artificial (synthetic) flavor?	_____	_____
3. BHA (butylated hydroxyanisole), BHT (butylated hydroxytoluene), or TBHQ (tertiary butylhydroquinone)	_____	_____
Are <b>BHA, BHT, or TBHQ</b> contained in any of the following items in your product?	_____	_____
If yes, please circle which ones: shortening, oil, pan spray, animal fat, yeast, Vitamin A palmitate, Vitamin D, Vitamin E, margarine, gum base, or packaging material such as liners or lids ( for the purpose of preserving the food )		
<i>If any of the above answers are yes, please stop, endorse on the reverse side and return form partially completed. Thank you!</i>		
4. Natural smoke flavoring (if yes, please mark where the natural flavoring comes from)	_____	_____
smoking over wood chips    atomized liquid smoke in a smokehouse		
added to the product as an ingredient    applied by drenching, stockinet or other method		
5. Natural color additives (uncertified or nature identical such as beta carotene or annatto).		
If yes, please indicate which one(s) _____	_____	_____
Does this coloring contain BHA, BHT or TBHQ?	_____	_____
6. Artificial or low calorie sweetener (if yes, which ones?) _____	_____	_____
7. Corn sweetener (such as corn syrup, dextrose, maltodextrin, fructose, etc.)	_____	_____
What is the source of the dextrose or fructose? _____		
8. Sodium Benzoate or Benzoic Acid	_____	_____
9. Calcium Propionate	_____	_____
10. Nitrites/Nitrates	_____	_____
11. Sulfiting Agents	_____	_____
12. Fluoridated Water	_____	_____

**“The information provided in this form is for the use of the Feingold Association and its members only. No legal action of any kind may be based upon or supported in any way by either the information provided in this form or the signing of this form”- Feingold Association of the United States.**

Please indicate whether or not your product contains any of the following:

YES NO

13. MSG, HVP (hydrolyzed vegetable or plant protein), or "Accent" \_\_\_\_\_

Are MSG or HVP contained in any of the following ingredients in this product? :

autolyzed yeast, sodium caseinate, natural flavoring, calcium caseinate, broth, malt flavoring, high flavored yeast, soybean extract, textured soy protein, yeast extract, or seasonings ( If so, please circle which ones.)

14. Pectin. If yes, from what fruit(s) does it originate: \_\_\_\_\_

15. Does this product (or any of its ingredients) contain gluten? \_\_\_\_\_

16. Does this product (or any of its ingredients) contain casein? \_\_\_\_\_

If you are uncertain about any ingredient and would like us to contact your supplier, please provide the supplier's name and address and the ingredient in question. \_\_\_\_\_

To assist those who are sensitive to salicylates, please indicate if any of the following, in any form, are included in this product. Please check also to see if they are part of "natural flavoring" or "spices" added to the product:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acerola Cherry | <input type="checkbox"/> Cloves             | <input type="checkbox"/> Pickles           |
| <input type="checkbox"/> Almonds        | <input type="checkbox"/> Coffee             | <input type="checkbox"/> Plums             |
| <input type="checkbox"/> Apples         | <input type="checkbox"/> Cucumbers          | <input type="checkbox"/> Prunes            |
| <input type="checkbox"/> Apricots       | <input type="checkbox"/> Currants           | <input type="checkbox"/> Raisins           |
| <input type="checkbox"/> Aspirin        | <input type="checkbox"/> Grapes             | <input type="checkbox"/> Raisin Syrup      |
| <input type="checkbox"/> Berries        | <input type="checkbox"/> Nectarines         | <input type="checkbox"/> Rose Hips         |
| (if yes, please list)                   | <input type="checkbox"/> Oil of Wintergreen | <input type="checkbox"/> Tangelos          |
| _____                                   | <input type="checkbox"/> Oranges            | <input type="checkbox"/> Tangerines        |
| _____                                   | <input type="checkbox"/> Paprika            | <input type="checkbox"/> Tea               |
| _____                                   | <input type="checkbox"/> Peaches            | <input type="checkbox"/> Tomatoes          |
| <input type="checkbox"/> Cherries       | <input type="checkbox"/> Peppers, bell      | <input type="checkbox"/> Wine              |
| <input type="checkbox"/> Cider          | <input type="checkbox"/> Peppers, chili     | <input type="checkbox"/> Wine Vinegar      |
| <input type="checkbox"/> Cider Vinegar  | <input type="checkbox"/> Peppers, red       | <input type="checkbox"/> None of the above |

17. List ingredients: (or enclose separately – package labels are great) \_\_\_\_\_

18. Please indicate the type of stores where our members can locate this product. \_\_\_\_\_

19. Is this product sold by mail order? If yes, please give us ordering details. YES NO

20. Please shade in area of the U.S. where this product is available retail or list states.



21. Can our Canadian members purchase this product locally with the same formulation? YES NO

If yes, under what brand names? \_\_\_\_\_

Signature of Manufacturer's Representative

Printed Name

E-mail

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

Please sign and return this form to: FAUS Product Information Center 3612 W. Whitten Street Chandler, AZ 85226

Phone 480-855-5699 Fax: 480-659-4246 Email (for questions): lorraineski@cox.net

Thank you for your help!