

Toothfriendly International Request for Quotation of Testing Cost

This form is to be used by producers or distributors of products which may qualify for distinction by the "Happy Tooth" mark because of their "toothfriendly" properties. A description of the test, by which products are examined for toothfriendly properties, may be obtained from Toothfriendly International on request.

1. Client requesting testing

Company _____

Address _____

Postal code/ City _____ Country _____

Primary contact person _____

Telephone _____ E-mail _____

2. Institution at which tests will be performed

There are three test centers at which tests are performed according to our standard operation procedures.

The three test centers are:

Prof. Dr. Th. Imfeld Zentrum für Zahn-, Mund- und Kieferheilkunde der Universität Zürich Plattenstr. 11 8032 Zürich, Switzerland	Prof. Dr. Dr. L. Stösser Klinikum der F-Schiller- Universität Jena Zentrum für Zahn-, Mund und Kieferheilkunde Nordhäuser Strasse 78 99089 Erfurt, Germany	Dr. Shoko Takahashi-Abbe Department of Oral Biochemistry Tohoku University School of Dentistry 4-1 Seiryō-machi Sendai, 980-8575, Japan
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You may indicate at which institution you would want products be tested. In the absence of your instruction, Toothfriendly International will direct the samples to the institution which is located in the same hemisphere, offers tests at the lowest price or has the fastest response time (in this sequence).

Please indicate your preferred test center, or leave blank:

3. Products to be tested

The client should provide an unequivocal identification of each product [e.g., recipe number, formula number, production number (not batch number)]. Mere indication of the flavor variety is not sufficient. Note that the license to use the "Happy Tooth" mark will refer to this identification.

Testing is requested for the following products:

1. Type of product* _____
Brand-name _____
Flavor _____
Identification number _____
Other particulars _____
Recipe No.** _____ 100% Formula attached***

2. Type of product* _____
Brand-name _____
Flavor _____
Identification number _____
Other particulars _____
Recipe No.** _____ 100% Formula attached***

3. Type of product* _____
Brand-name _____
Flavor _____
Identification number _____
Other particulars _____
Recipe No.** _____ 100% Formula attached***

** For example: Chewing gum, hard candy, toffee, chocolate, table-top sweetener, etc.*

*** May be identical to identification number*

**** While it is not mandatory to reveal the recipe, this information helps devise the best testing strategy and thereby helps to keep testing cost at a minimum. Toothfriendly International guarantees full confidentiality for data on the composition of products, on the type, suppliers and specifications of ingredients, and on any other sensitive matter.*

Signature_____ Date/ Place_____

*Please complete and return this application to
Toothfriendly International, Bundesstrasse 29, 4054 Basel, Switzerland
fax: ++41 61 273 77 03 e-mail: contact@toothfriendly.ch*