



**RL FOOD TESTING
LABORATORY.COM**

RECIPE TEMPLATE ORDER FORM

Email or Fax Completed Form
Maria@RLFoodTestingLaboratory.com
Fax #: 877-203-4598

Have Questions?
CALL US TOLL-FREE From the U.S. - 877.753.6631
International - 949.309.0105

We answer our phones 7-days-a-week from 6am-9pm PST

Date: _____ Contact Name: _____

Persons completing this form if different from Contact Name: _____

Company Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Product Name: _____

Provide the **SINGLE SERVING WEIGHT** of your product in either **GRAMS** or **OUNCES**:

_____ Grams OR _____ Ounces

*21-CFR (101.12) RACC REFERENCE AMOUNT _____ (consult your service rep)

Provide a **HOUSEHOLD MEASURE TERM** to be used to describe the **SINGLE SERVING** (1 cookie, 1 cup, 1 piece, 2 tablespoons):

TOTAL # of SERVINGS per PACKAGE _____ (how to calculate: single serving weight divided into net weight)

DUAL DECLARATION (2-3 Servings in one package)

RECIPE NEEDS TO FOLLOW THIS FORMAT AND CONTAIN AS MUCH DETAIL AS POSSIBLE ABOUT EACH INGREDIENT

Units of Measure	Ingredient	Brand Name of Ingredient	Ingredients listed on back side of packaging (See attached example)

CONFIRM HERE:

The client is responsible for supplying RL Food Testing Laboratory, Inc. with the accurate ingredients, units of measure, brand, and nutrition fact panel information for specialty ingredients not readily available in major grocery store chains. When providing nutrition panel fact information is incomplete, you consent to RL Food Testing Laboratory to utilize the USDA equivalent nutrition facts in our database.

