

#### Preferred Supplier Analytical Laboratory Data Sheet (ALDS)



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 Analytical Laboratory Data Sheet**

All Analytical Laboratories must provide 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 Parker at <a href="mailto:b.parker@nasc.cc">b.parker@nasc.cc</a> or mail to:

NASC PO Box 5168 Sun City West, AZ 85376

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





SECTION 1. ANALYTICAL LABORATORY INFORMATION	
GENERAL LABORATORY INFORMATION (COMPANY):	SGS North America
MAILING ADDRESS:	201 Route 17 North
CITY, STATE, ZIP:	Rutherford, New Jersey, 07070
SHIPPING ADDRESS FOR SAMPLES:	Multiple:  224 N Derby Lane North Sioux City, South Dakota 57049  3532 SW 2nd Street Building D, Suite C Oklahoma City, Oklahoma 73108  20535 Belshaw Avenue Carson, California 90746  75 Passaic Ave, Fairfield, New Jersey 07004  931 North Seventh St. Harrisburg, PA 17102
CITY, STATE, ZIP:	See above
WEB SITE:	https://www.sgs.com/en/service-groups/food-testing
YEARS LABORATORY WAS ESTABLISHED:	2008

SECTION 2. GENERAL LABORATORY QUESTIONS	
LIST THE PRODUCTS & SERVICES OFFERED BY YOUR LAB:	Microbiology, USP Microbiology, Chemistry, Nutrient Analysis, Nutritional Label Compliance, Contaminant Testing, Allergen Testing, Chemical and Ingredient Verification, Physical & Sensory Examination, Shelf- life Studies, Process Validation, Challenge Studies, Other Special Projects
NAME OF INDIVIDUAL FILLING OUT FORM:	Jeff Nauseda
NUMBER OF EMPLOYEES:	120
LIST OF INDUSTRIES YOUR LAB NORMALLY PROVIDES TESTING SERVICES FOR:	Food, Food Ingredients, Pet Food, Pet Food Ingredients, Nutraceutical, Dietary Supplements





- SAME BOAT DEST.	- CARL TOTAL CO.
DOES YOUR LAB DEAL WITH RAW MATERIALS OR FINISHED PRODUCTS:	Both





SECTION 3. LABORATORY EQUIPMENT AND EVIDENCE OF COMPLIANCE			
IS LAB ISO CERTIFI	FIED YES / NO: YES, accredited to		ISO 17025 by A2LA all locations
IS YOUR LAB CERT OTHER ORGANIZAT		No	
FDA REGISTRATION	N NUMBER:	N/A	
SPECIFY MOST REC LABORATORY INSF STATE, FEDERAL C AGENCIES:	PECTIONS BY	N/A	
DATE AND RESULT	S OF INSPECTION:	SPECTION: N/A	
DATE	INSPECTION AGENCY		RESULTS OF INSPECTION
N/A	N/A		N/A
HOW OFTEN IS YOU LAB AUDITED / INSI		Annual internal, ev	ery 2 years external accreditation renewal
ATTACH CERTIFICATION DOCUMENTS:		See attached	





SECTION 4. LABORATORY QUALITY ASSURANCE POLICIES	
DOES YOUR LAB PARTICIPATE IN ANY PROFICIENTLY TESTING PROGRAMS OR COLLABORATIVE STUDIES LIKE AOAC:	Various depending on location: AOAC, AXIO (LGC),
DESCRIBE YOUR QA POLICIES FOR THE FOLLOWING AREAS OR ATTACH CURRENT GLP/SOP DOCUMENTS IF AVAILABLE:	See below
PLEASE BRIEFLY EXPLAIN:	
INSTRUMENT / STANDARDS CALIBRATION:	SOP 102 Reference Standards and Equipment Verification: follows requirements from 17025 and manufacturer recommendations
INSTRUMENT QUALIFICATION:	SOP 102
EMPLOYEE QUALIFICATION:	SOP 103 Training: 4 step training (read, watch, supervised, independent), annual proof of competency (POC)
EMPLOYEE TRAINING:	SOP 103, SGS global training program
DOCUMENT CONTROL:	SOP 105 Document Control: electronic document management system (revision control, distribution, change control, approval structure)
PLANNED AND UNPLANNED DEVIATIONS FROM ESTABLISHED METHODS AND SOPs:	SOP 110 Corrective and Preventive Action: electronic system (identify, assign, investigate, establish, fix, monitor, review)
RECORD RETENTION:	SOP 112 Control of Records: default minimum 5 years
APPROVAL OF TEST DATA:	3 step approval: technician, supervisor, management
RETEST POLICY:	SOP 111 Quality Control in the Laboratory: Quantitative Microbiology and Chemistry retests in duplicate, Qualitative Micro is not retested
TRACEABILITY	Electronic LIMS system, forms, spreadsheets connect all elements that contribute to test, periodic traceability exercises and audits monitor traceability
CLIENT NOTIFICATION OF QC PROBLEMS / TEST RESULTS:	Established per client requirements





SECTION. 5 SUPPORTING DOCUMENTATION		
ATTACH ANY APPLICABLE "STATEMENTS" OR EXAMPLES FOR YOUR LAB		
EXAMPLES:	ATTACHED: YES / NO / N-A	
SAMPLE OF FINAL TEST RESULTS REPORTING DOCUMENT:	Available upon request	
SAMPLE SUBMISSION FORM:	Available upon request	
LAB PERSONNEL EDUCATION & TRAINING STATEMENT:	SOP 103, SGS global training program	
AUDIT CERTIFICATIONS:	Available upon request	
FACILITY INSPECTION DOCUMENTS:	Available upon request	
EQUIPMENT AND CAPABILITIES LIST:	Available upon request	

SECTION 6. ADDITIONAL INFORMATION	
ADDITIONAL COMMENTS / INFORMATION:	

SECTION 7. CONTACT INFORMATION		
CONTACT NAME:	Jeff Nauseda	
TITLE:	Director, Commercial Strategy NAM	
OFFICE PHONE:	(605) 232-0157	
OTHER PHONE:	(303) 906-8420	
E-MAIL;	Jeffrey.Nauseda2@sgs.com	
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	DATE