

National Animal Supplement Council

Preferred Supplier Data Sheet (PSDS) for Raw Material Suppliers and Contract Manufacturers



All Raw Material Suppliers and Contract Manufacturers 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 completed form(s) and requested certifications electronically to Bill Parker at b.parker@nasc.cc or mail to:

NASC PO Box 5168 Sun City West, AZ 85376

This information will be posted in the Members Section of the NASC Web Site for companies to download for use in qualifying and accepting the supplier.

Questions: contact Bill Parker at the NASC office (760-751-3360 X105)

SECTION 1: SITE OVERVIEW	5-3-5-1	y' and the way a rest to	3 1 3 3 3 3 3 3 3			
NAME AND ADDRESS OF	Vitalpax, Inc.					
COMPANY OR SITE	• •					
RESPONSIBLE:	98 S State Street, La Verkin, UT-84745					
WEB SITE:	https://vitalpax.com/					
CONTACT PERSON	Dalyon Ruesch					
TELEPHONE NUMBER:	435-635-9790					
E-MAIL:	dalyon@vitalpax.com					
BUSINESS DESCRIPTION / SITE D	ETAILS:	Contract Manufacturing of Dietary	Supplements &	Food		
FACILITY SIZE / # EMPLOYEES:	95		DATE EST:	2014		
GENERAL AND PRODUCT	Yes – \$6 million		UNION:	No		
LIABILITY INSURANCE LEVELS:						
SPECIFY TYPE(S) OF INGREDIENT(S),		Manufacturing (Product) Capabilities: Capsules, Ingestible Liquid, Ingestible				
MANUFACTURING CAPABILITIES, PRODUCTS		Oil, Tablet, Powder, Salve				
PRODUCED/SUPPLIED BY THE SITE,		Product Technologies: Bulk Packaging, Dry Formulation, Liquid Formulation,				
SERVICES AND THEIR INTENDED		Mixing, Primary Packaging, Quality Operations, Secondary Packaging, Tablet				
APPLICATIONS:		Compression, Warehousing				
SITE ACTIVITIES CONDUCTED:		Contract Manufacturing of Dietary Supplements & Food				
ORGANIZATIONAL CHART:		Attached				

INDEPENDENT QUALITY CERTIFICATIONS:	IF YES, SPECIFY:		
OLIVIII IOATIONO.	QUALITY MANAGEMENT SYSTEM STANDARD:	FDA 21 CFR Part 111, 117	
	APPROVAL CERTIFICATES:	NSF GMP Certification	
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:		
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	Organic Certified, Hemp Certified, Halal C	ertified	
WEB SITE:	www.vitalpax.com		
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):		March 29 th , 2023. Utah Department of Agriculture & Food-Division of Regulatory Services. Inspection Status: A (No observation or citation)	



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SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY	
DO YOU HAVE Q/C RELEASE REQUIREMENTS	Yes
FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO)	
DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO)	Yes
DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY:	Yes
(YES / NO)	
DO YOU SAMPLE EVERY LOT: (YES / NO)	Yes
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	Yes
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILA	BLE: (YES / NO) Not Applicable
PHARMACEUTICAL:	Not Applicable
NUTRITIONAL:	Not Applicable
BOTANICAL:	Not Applicable
MINERAL:	Not Applicable
ENZYME:	Not Applicable
HORMONE:	Not Applicable
PROBIOTIC:	Not Applicable
CHEMICAL (OTHER):	Not Applicable
METHODS CONDUCTED IN FACILITY: (YES / NO)	
DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM?	Yes
DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?	Yes
TESTING INFORMATION:	
IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BO	TH SECTIONS*
DOES THIS FACILITY RELY ON AN IN-HOUSE LAB? (YES / NO)	Yes
N-HOUSE TESTS PERFORMED: (YES / NO)	Yes
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
OTENOT ASSAT OF RAW WATERIALS! (TEST NO)	Yes
	Yes Yes
RAW MATERIAL ASSAY? (YES / NO)	Yes
RAW MATERIAL ASSAY? (YES / NO) MICROBIAL? (YES / NO - IF YES SPECIFY)	Yes Yes
RAW MATERIAL ASSAY? (YES / NO) MICROBIAL? (YES / NO IF YES SPECIFY) OH? (YES / NO)	Yes
RAW MATERIAL ASSAY? (YES / NO) MICROBIAL? (YES / NO - IF YES SPECIFY) DH? (YES / NO) MOISTURE? (YES / NO)	Yes Yes Yes
RAW MATERIAL ASSAY? (YES / NO) MICROBIAL? (YES / NO - IF YES SPECIFY) DH? (YES / NO) MOISTURE? (YES / NO) ELEMENTAL PESTICIDES? (YES / NO - IF YES SPECIFY)	Yes Yes Yes Yes
RAW MATERIAL ASSAY? (YES / NO) MICROBIAL? (YES / NO – IF YES SPECIFY) OH? (YES / NO) MOISTURE? (YES / NO) ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes Yes Yes Yes No No
RAW MATERIAL ASSAY? (YES / NO) MICROBIAL? (YES / NO – IF YES SPECIFY) DH? (YES / NO) MOISTURE? (YES / NO) ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) HEAVY METALS? (YES / NO – IF YES SPECIFY) OTHER? (YES / NO – IF YES SPECIFY)	Yes Yes Yes Yes No



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OUTSIDE CONTRACT LABS USED	
PLEASE LIST YOUR MOST FREQUENTLY USED CONTRACT	LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, EDA
USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE P	ROVIDE ACCREDITATION NUMBER*
NAME OF LAB #1:	Exact Scientific Services
ADDRESS / LOCATION:	1355 Pacific PI STE 101, Femdale, WA 98248
	1000 Facility 101, Fellidate, WA 90240
CONTACT NAME / PHONE NUMBER:	(360) 733-1205
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2017
LIGHT ANT OLIVINI TOX TOX THE LAB.	100/120 17 020.2017
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
RAW MATERIAL ASSAY? (YES / NO)	
MICROBIAL? (YES / NO – IF YES SPECIFY)	
pH? (YES / NO)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO IF YES SPECIFY)	
HEAVY METALS? (YES / NO - IF YES SPECIFY)	
OTHER? (YES / NO - IF YES SPECIFY)	
OTHER? (TEST NO - IF YES SPECIFY)	
NAME OF LAD 40.	
NAME OF LAB #2:	
ADDRESS / LOCATION:	
CONTACT MAKE / DI JONE NI MADED.	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
RAW MATERIAL ASSAY? (YES / NO)	
MICROBIAL? (YES / NO - IF YES SPECIFY)	
pH? (YES / NO)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO - IF YES SPECIFY)	
HEAVY METALS? (YES / NO - IF YES SPECIFY)	
OTHER? (YES / NO - IF YES SPECIFY)	
NAME OF LAB #3:	
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
RAW MATERIAL ASSAY? (YES / NO)	
MICROBIAL? (YES / NO - IF YES SPECIFY)	
pH? (YES / NO)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO - IF YES SPECIFY)	
HEAVY METALS? (YES / NO IF YES SPECIFY)	
OTHER? (YES / NO - IF YES SPECIFY)	



SECTION 4: CGMP COMPLIANCE DETAILS

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GMP GUIDELINES. NO	DN-APPLICABLE ELEMENTS SHOUI			ICABLE ELEMENT OF THE CURRENT	
IS FACILITY ISO CERT	cation for FDA 21 CFR Part 111, 117		Not An	-1:	
IF YES SPECIFY THE			иог Ар	plicable	
AND ATTACH CURRE					
	Y OTHER CERTIFICATIONS OR		NSF G	MP Certified (21 CFR Part 111, 117)	
	OGRAMS (E.G., NSF, USP, NPA, ISC	D. ETC.):	1101 0	Wr Cellined (21 Of it Fait 711, 111)	
		,			
FOREIGN	SPECIFY MOST RECENT FACIL AGENCY (DATE OF INSPECTION,				
DATE	INSPECTION AGE	ICY	R	ESULTS OF THE INSPECTION	
03/29/2023	Utah Dept. of Agricultur			bservation or citation)	
	ONAL INFORMATION			The fact of the state of the st	
		es (Food Safet)	y Plan)		
ANALYTICAL CONTRO	DL:	ot applicable			
CORPORATE BIOTER COMPLIANCE:	RORISM ACT Y	es			
DESCRIBE ALL MEASI	JRES TAKEN BY N	SF GMP Certific	ed facility		
FACILITY TO ENSURE	PRODUCT QUALITY		,		
AND PRODUCT CONT	AMINATION				
PREVENTION.					
MEMBERSHIP IN INDU	JSTRY TRADE GROUPS: N	atural Products	Association; L	Itah Manufacturing Association	
	ACT MANUFACTURERS				
	NTEE BANNED SUBSTANCES (STI			vs GMP guidelines established by FDA for	
	OS, DIURETICS, BETA-2-AGONISTS	, BETA	dietary supplements (21 CFR Part 111, 117). Every		
	AGENTS, OR SIMILAR SUBSTANC		ingredient is tested for identity, microbial testing, and		
ARE NOT PRESENT IN	I YOUR INGREDIENTS?		potency. Finished product is also tested by Quality		
LIONAL DO VOLLOUIAL IE	Y AAT INCORPORATE MAANUUR A OTU DO		control/Assurance before releasing.		
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?			Supplier Questionnaires, GMP certification, Raw material testing		
SECTION 7: AUTHE	NTICITY OF INFORMATION & CO	ONTACT INFO	ORMATION		
COMPANY NAME:	Vitalpax, Inc.				
CONTACT NAME:	Dalyon Ruesch		TITLE:	CEO	
E-MAIL ADDRESS:	dalyon@vitalpax.com				
BY SIGNING BELOW, I C	FRTIFY THAT THE INFORMATION GIV	FN BY ME TO T	HE 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.					
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11/	SIGNATURE		14	Hpril 2023 DATE	