

Checklist for the Contract Development of a Pharmaceutical Product

Please revert this form by fax or email to your personal contact at hameln rds gmbh:

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Thank you for your request for an indicative offer. Please fill out as much as you can in the following form. This helps us to expedite the compilation of a first indicative offer.

Customer Name and Address*:	
Name of the API*:	
Name of the Innovator product*:	
Pharmaceutical form*:	
Primary Packaging*:	
Territory*:	
Planned Annual Consumption**:	
Patent Expiry/ Planned Launch Date:	
Preferred API Manufacturer:	
Target Price for FDF	

*mandatory for a development offer;

**mandatory for an indicative offer on the FDF pricing

 send per email