

CONFIDENTIAL DOCUMENT

Project Brief			
DOCUMENT CODE:	SPB001	VERSION NUMBER:	01
PREPARED BY:	Simone Abaron	DATE:	25 October 2022



Company:	
Brand:	
Contact Name:	
Contact Email Address:	
Contact Phone Number:	

Project Working Name:	
Project Background: Please include your key PODs, target market, product strategy, positioning and any other critical information about the product	
New Product/ Reformulation: If the project is intended to be a reformulation, include the product name and reason for reformulation	<input type="checkbox"/> New Product <input type="checkbox"/> Reformulation
Proposed Claims/ Product Benefits:	
Regulatory Category (if known):	<input type="checkbox"/> Listed Medicine <input type="checkbox"/> Food <input type="checkbox"/> Cosmetic
Type of Ingredients Required:	<input type="checkbox"/> Herbs <input type="checkbox"/> Vitamin/ Minerals <input type="checkbox"/> Nutritionals <input type="checkbox"/> Nutritional oils <input type="checkbox"/> Probiotics <input type="checkbox"/> Essential oils <input type="checkbox"/> Homoeopathics <input type="checkbox"/> Other:
	Ingredients to be included:
	Ingredients to be avoided:
Allergen / Excipient avoidance:	<input type="checkbox"/> Dairy/ Lactose <input type="checkbox"/> Grains/ Gluten <input type="checkbox"/> Animal products <input type="checkbox"/> Egg <input type="checkbox"/> Nuts <input type="checkbox"/> Soy <input type="checkbox"/> Fish/ Shellfish <input type="checkbox"/> Sugar <input type="checkbox"/> Sulfites <input type="checkbox"/> Artificial colour <input type="checkbox"/> Artificial flavour <input type="checkbox"/> Artificial preservatives <input type="checkbox"/> Other:

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Product Format:	<input type="checkbox"/> Tablet <input type="checkbox"/> Liquid <input type="checkbox"/> Capsule <input type="checkbox"/> Powder <input type="checkbox"/> Cream <input type="checkbox"/> Serum <input type="checkbox"/> Other:
Appearance (if known):	Color: Coating:
	Size: Flavour:
	Further information:
Target population:	<input type="checkbox"/> Adults <input type="checkbox"/> Children/ Adolescents <input type="checkbox"/> Elderly <input type="checkbox"/> Pregnant/ breast feeding <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Other:
Dosing/ Serving/ Application Information: Minimum/ maximum number of times per day the product should be used?	
Packaging Format:	<input type="checkbox"/> Bottle <input type="checkbox"/> Bottle with dropper <input type="checkbox"/> Blister packaging <input type="checkbox"/> Sachet (single serve) <input type="checkbox"/> Sachet (bulk) <input type="checkbox"/> Jar <input type="checkbox"/> Tube <input type="checkbox"/> Pump <input type="checkbox"/> Spray <input type="checkbox"/> Other:
Proposed Distribution Channels:	<input type="checkbox"/> Grocery <input type="checkbox"/> Pharmacy <input type="checkbox"/> Health food <input type="checkbox"/> Online <input type="checkbox"/> DTC <input type="checkbox"/> Practitioner <input type="checkbox"/> Other:
	<input type="checkbox"/> Organic <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegan <input type="checkbox"/> Other:
Main Competitor Products: (Including why they are competitor)	
Target Market:	
Unit size: Number of capsules/ tablets, volume of	

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liquid/ cream or gel per unit.	
Target Cost of Goods Per Unit:	
Estimated Batch Size:	
Estimated yearly requirement: (Including number of stock turns)	
Storage:	<input type="checkbox"/> Shelf <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen Desired shelf life:
Manufacturing:	Do you know where the product will be made? Please provide Manufacturers name
	Manufacturers licensing details:
Other Important Notes: (Including timelines or anything important not covered above)	