

# Trion Pharmaceuticals - Online Enquiry/Order Form



**Trion  
Pharmaceuticals:**  
Providing  
Comprehensive  
Solutions for the  
Pharmaceutical and  
Food Industries.



We have pioneered a streamlined approach to supply and service in the Pharmaceutical Industry. Our method simplifies your workflow, enhances efficiency, and accelerates product delivery, ensuring your products reach the market swiftly and effortlessly.

**PAGE 1**

If you wish for a more detailed enquiry please continue to the following pages.

Company Name			
Contact Person		Position Title	
Email Address		Phone	
Street Address			
		Postcode	

## Preferred Type of Contact

Preferred Type of Contact (✓)	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Other (specify) _____
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## Your Interest

Products/Services you are interested in (✓)	<input type="checkbox"/> <b>NPD</b>	<input type="checkbox"/> <b>Contract Packing</b>	<input type="checkbox"/> <b>Regulatory</b>	<input type="checkbox"/> <b>Other</b>
If Other please state _____				
_____				

**Thank you** for filling out this form.

If you have a **New Product Development (NPD)** enquiry and you know all your new products details, please continue to fill in the forms on the following pages.

Once completed please save this form to your desktop and email it to the following email [frank@afgconsulting.com.au](mailto:frank@afgconsulting.com.au) or [enquiries@trionpharma.com.au](mailto:enquiries@trionpharma.com.au) with any required additional information and we will get back to you quickly by your preferred method of contact.



Please continue on this form to describe your New Product Development in more detail.

**Your New Product**

Briefly describe the product you want to develop and/or manufacture.	
Please include any specific product features, functionalities, or unique aspects.	
Product Classification	<input type="checkbox"/> TGA <input type="checkbox"/> FSANZ

**Target Market Audience**

Describe the intended market or audience for the product.	
Include demographic details, geographic regions, and relevant market information.	

**Technical Specifications (Materials)**

Are you supplying?	<input type="checkbox"/> Raw Material	<input type="checkbox"/> Primary Packaging	<input type="checkbox"/> Secondary Packaging	<input type="checkbox"/> Tertiary Packaging
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**IF NOT PLEASE COMPLETE THE INFORMATION ON THE FOLLOWING PAGES**

# Trion Pharmaceuticals

## New Product Development (NPD) Form

(Continued)



**PAGE 3**

### Raw Materials

<b>Specify any raw materials or ingredients to be used in the product. Add an additional sheet if required.</b>	
<b>Include any preferences for sourcing (eg., sustainable, organic).</b>	

### Packaging Materials

<b>Describe any packaging requirements, including materials, design, and labeling. (eg., sachets, tubs, bottles, etc.)</b>	Primary Packaging
	Secondary Packaging
	Tertiary Packaging

# Trion Pharmaceuticals

## New Product Development (NPD) Form

(Continued)



### Manufacturing Requirements

PAGE 4

<b>PRODUCTION VOLUME</b>  Indicate the initial production volume and potential future production needs.	
<b>DELIVERY SCHEDULE</b>  Provide the desired timeline for product development and delivery.  Include any critical deadlines or milestones.	
<b>QUALITY ASSURANCE</b>  Outline any specific quality assurance and testing requirements.	
 Include details on quality control processes and acceptable tolerance levels.	
 Allergen Compliance, eg Gluten Free, Vegan friendly	

# Trion Pharmaceuticals

## New Product Development (NPD) Form

(Continued)



### Intellectual Property and Confidentiality

**PAGE 5**

<p><b>INTELLECTUAL PROPERTY OWNERSHIP</b></p> <p>Clarify the ownership of any intellectual property related to the product.</p>	
<p>Clarify the ownership of any intellectual property related to the product. Include details on patents, trademarks, or other IP considerations.</p>	
<p><b>CONFIDENTIALITY AGREEMENT</b></p> <p>Confirm if a confidentiality agreement is required and provide the terms if applicable.</p>	
<p><b>PRICING</b></p> <p>Target Pricing of finished product</p>	
<p>Recommended Retail Price RRP</p>	
<p>Include any specific cost constraints or considerations.</p>	

### Additional Information

<p>Please outline any additional information you may feel necessary</p> <p>Please continue on additional sheets if necessary</p>	
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# Trion Pharmaceuticals

## Contract Packaging Services



The Product Specs are mandatory.  
These must be proven before Request for Quote (RFQ)

**PAGE 6**

<b>Product Specs Provided?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Type of Service</b>	<input type="checkbox"/> Bulk	<input type="checkbox"/> Retail	<input type="checkbox"/> Other _____
<b>Components Supplied</b>	<input type="checkbox"/> Raw Materials			<input type="checkbox"/> Packaging Materials		

### Manufacturing Details - Bulk

<b>Batching (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Sieving (✓)</b> If Yes, provide mesh size.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Mixing (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Packing (✓)</b>	<input type="checkbox"/> Multiwall	Bags Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Labelling (✓)</b>	Labels Supplied		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Testing (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Manufacturing Details - Retail

<b>Batching (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Sieving (✓)</b> If Yes, provide mesh size.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Mixing (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Packing (✓)</b>	Please provide specs to determine dosage and quantity		
<b>Labelling (✓)</b>	Please provide specs to determine labelling requirement		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Shrink Wrap (✓)</b>	Please provide specs to determine labelling requirement		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Cartoning (✓)</b>	Please provide specs to determine dosage and quantity		
<b>Palletising (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Testing (✓)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

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[frank@afgconsulting.com.au](mailto:frank@afgconsulting.com.au) or [enquiries@trionpharma.com.au](mailto:enquiries@trionpharma.com.au) with any required additional information and we will get back to you quickly by your preferred method of contact.