



Nutrition Analysis Ingredient Form



Company Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Email:** _____

Date Submitted: _____ **Recipe Name:** _____

Select label format below. USDA recommends the Full format if it can be sized to fit your package and still be legible.

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Full | <input type="checkbox"/> Tabular/Horizontal | <input type="checkbox"/> Standard/Vertical |
| <input type="checkbox"/> Simplified | <input type="checkbox"/> Linear | <input type="checkbox"/> Canadian |

In addition to a label format above, you **MUST** also select the “old” or new “format” at this time.

- Old Label Format New Label Format

**Both formats are accepted for USDA inspected products. Compliance date for all FDA products is January 2021.

| Recipe Ingredients (include lean-to-fat ratio, boneless, skinless, etc.) | Amount (pounds, grams, ounces, etc.) |
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Insert more rows if necessary

Beginning Batch Weight: _____ (database will automatically calculate beginning batch weight)

End Batch Weight: _____ -or- **Batch Yield %:** _____

Serving Size: _____ (include 1 piece, 1 link, 1 patty, etc. if applicable)

Servings per Container: _____ (enter specific number or “varied”)

Payment information is continued on the next page



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SMA Member Cost Per Analysis:

Multi-ingredient: _____ analyses @ \$50 ea.

Single-ingredient: Submit at no charge

Non-Member Cost Per Analysis:

Multi-ingredient: _____ analyses @ \$100 ea.

Single-ingredient: _____ analyses @ \$20.00 ea.

Payment is **Required** when form is submitted.

Total Amount: \$ _____

We accept MasterCard, Visa, American Express & Discover.

Credit Card #: _____

Exp. Date: _____ **CVV Code:** _____

Billing Zip Code: _____

Print Name on Card: _____

Signature: _____

Please submit the Nutritional Analysis Ingredient Form and Confidentiality Agreement to the contact below.

Please Contact Oliver Irwin if you have any questions.

One Meating Place, Elizabethtown, PA 17022

Phone: (717) 367-1168

Toll Free: (877) 877-0168

Fax: (717) 367-9096

E-mail: oliver@aamp.com



Nutrition Analysis Ingredient Form



CONFIDENTIALITY AGREEMENT

THIS AGREEMENT, made this _____ day of _____ 20_____, between the American Association Meat Processors (AAMP), and _____ (company name)
 (Processor) Address _____ City _____
 State _____ Zip Code _____,

Whereas, PROCESSOR will provide recipes or formulations to AAMP, and

Whereas, AAMP will assess nutrient content of recipe through use of nutrition labeling database, and

Whereas, both PROCESSOR and AAMP, agree that recipes and formulas disclosed by PROCESSOR will be kept confidential by AAMP and used by AAMP strictly for the purpose of providing nutrition facts to PROCESSOR, and

Whereas, recipes or formulations are exclusively the property of PROCESSOR, and

Whereas, all information on recipe ingredient form, such as processing methods, processing yields, packaging, cost analysis, sales and marketing materials, financial statements or any other information given to AAMP by PROCESSOR, shall remain secret and confidential, and no information will be disclosed to any third party by AAMP, and

Whereas, AAMP or any employee, agent, or officer of AAMP will be held harmless by PROCESSOR for any incorrect information, whether it be misinformation provided by PROCESSOR or due to database failure to correctly provide nutrition information.

IN WITNESS WHEREOF, AAMP and PROCESSOR hereto have executed this Agreement on the date first written above.

WITNESS:

PROCESSOR:

(Signature)

(Print Name)

AAMP:

(Signature)

(Print Name)

PROCESSOR retains full responsibility for accuracy of recipe information and nutrition facts reported.



One Meating Place, Elizabethtown, PA 17022
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 Email: aamp@aamp.com Website: www.aamp.com