

Traditional Medicine Supplies New Products Assessment



Your Details

Name: _____ Phone: _____ Fax: _____

Address: _____

Product

Brand name: _____ Number of products in range: _____

Product name (if more than one attach sheet): _____

Is the product TGA approved or a "food"? _____

Is TGA listing/registration being sought: _____

Marketing

Products are to be primarily marketed to (tick one):

- Health professionals
- Pharmacies
- Health stores
- All of the above
- Other _____

***Please attach copies of
all relevant labels,
literature or product
sample with this form or
send separately if faxing***

In your opinion, what is the current market view/trend of your product(s)?

How have you formed this opinion?

What is currently in competition to this product in the marketplace?

How does your product differ from its nearest competitor (why is it better?)

Please indicate your marketing plan for the next twelve months (literature/seminars/media/tech support/specials, etc.)

Do you have any scientific studies or other validation of your product(s)? (If yes, please attach copy of most relevant.)

Distribution

Are you offering TMS sole distribution? _____ If so, for NSW or Australia? _____

If not, how many distributors do you envisage per state where TMS is representative? _____

Please indicate pricing structure (if more than one product, attach separate list): _____

TMS purchase price \$ _____ Wholesale price \$ _____ RRP \$ _____ Freight \$ _____

Do you have any minimum purchase requirements? _____

Please indicate your estimated annual sales, and what this figure is based on:

***Please complete and fax back to TMS on 61 2 8063 8899, or mail to
P O Box 7052 Alexandria NSW 2015 Phone 61 2 8063 8800***