**SECTION I – OVERVIEW**

* Please fill in **one form for each product**.
* **Complete blank and unshaded sections** relevant to your product and return in an editable format.

|  |  |
| --- | --- |
| Vendor details | |
| **Company name** | *Enter Company Name* |
| **Contact name** | *Enter contact name to return the form* |
| **Email address** | *Enter contact email address to return the form* |
| **QVC Buying contact** | *Enter QVC Buying contact name* |
| **QVC ADV Compliance contacts** | [italy.ad.compliance@qvc.com](mailto:italy.ad.compliance@qvc.com) |
| **Product details** | |
| **Brand** | *Enter product brand name* |
| **Product name** | *Enter product commercial name* |
| **Kit name** | *If applicable, enter kit commercial name* |
| **Show date** | *Enter certain or expected show date* |
| **QVC item number - SKN** | *Enter QVC product item number, specify if unknown* |
| **Product/kit contents** | *If applicable, list all products contained in the kit* |
| **Product description** | *Shortly specify product category, i.e. moisturizer, shampoo, toothbrush, etc.* |

|  |
| --- |
| Approved claims |
| *ADV compliance only* |

**SECTION II – PRODUCT CLAIMS**

1. PRODUCT’S SPECIAL CLAIMS:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Proposed? | Documents needed | QA & ADV compliance evaluation |
| Gluten free | Yes/No | If YES, please provide:   * Gluten free self-declaration on letterhead; * Cross contamination declaration (one different declaration for each manufacturing site); * Certificate of analysis (CoA)/HPLC analysis on the first batch. | *QVC only* |
| Vegan | Yes/No | If YES, please provide:  Vegan certificate issued by certification body or third-party entity (i.e. Vegan OK, PETA). | *QVC only* |
| Natural ingredients | Yes/No | If YES, please provide:  Declaration stating the amount of natural ingredients expressed in % | *QVC only* |
| Organic | Yes/No | If YES, please provide:  Organic certificate issued by certification body. | *QVC only* |
| Recycled | Yes/No | If YES, please provide:  Certificate or declaration stating that the product/part of it is made of recycled materials and specify them. | *QVC only* |

1. PRODUCT WARNINGS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Proposed | | | Approved description |
|
| **PRODUCT WARNINGS**  **To help the user’s safe use of the product.** | *Enter any risk associated with product use and/or usage restrictions.* | | | *QVC only* |
| 1. TRIALS OR STUDIES RELEVANT TO CLAIMS: | | |
|
| * Enter below the study title and attach full copy of it. * The following will not be accepted: * summaries without the full protocol; * studies relating to individual ingredients only; * studies not conducted on the specific product; * studies with a panel of less than 25 people. | | | | |
| **Study title** | | **Date** | **Issued by** | |
| **1***Enter as many studies as necessary* | | *Enter study date* | *Enter name of institute issuing the report* | |

1. PRODUCT CLAIMS:

* List below all messages (Claims / Product benefits / Features) that will be conveyed to customers.
* Fill in **one box for each claim**. Copy-paste the box to add more claims.
* **Maximum 10** claim will be evaluated.
* Claims from consumer perception studies shall state:
* Number of participants (e.g. *“in a study of 100 women, 90% reported…”*).
* Average result achieved (e.g. “*in a study of 100 women, the mean improvement detected is…*”).
* When activities refer to ingredients, they shall be nominated with INCI format.
* Green Claims: Shall be specific on product or production features. To be substantiate only by sustainability certificate issued by certification body.
* Claims shall be submitted in English and Italian.

|  | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Claim #1 | |  | Rejected |  | Approved as Amended |  | Approved |
|  | | | | | | | |
| Proposed Claim | QVC - Quality Assurance Evaluation | | | | | | |
| *Italian\**  *Mandatory Language* | *QA only* | | | | | | |
| *English\** | QVC – ADV Compliance Evaluation | | | | | | |
| *ADV compliance only* | | | | | | |
| **Supporting Evidence** (study title and page number) | Amended Approved Claim | | | | | | |
| *Remember that* ***only claims supported by evidence will be evaluated****. Otherwise, refer to claim guidance tool or contact ADV Compliance team*. | *ADV compliance only* | | | | | | |