

PLEASE NOTE:

Art supplied as CMYK –
insignia has matched to the
 closest Pantone colour.
 Please check PMS book and
 confirm selection.

141mm

2mm R
Corners


46mm

GTT Drink

GLUCOSE TOLERANCE TEST

75 GRAMS

PER 300 mL




Point of Care Diagnostics

Manufactured in Australia by
 Point of Care Diagnostics Australia Pty Ltd
 B/19–21 Loyalty Road, North Rocks NSW 2151
 ☎ 1800 640 075 | www.pocd.com.au

Servings per Bottle	1		
Serving size (mL)	300		
	Unit	Per 100 mL	Per serving
Energy	kJ	429	1288.5
Protein	g	0.0	0.0
Fat. total	g	0.0	0.0
saturated	g	0.0	0.0
Carbohydrate	g	25.2	75.6
sugars	g	25.0	75.0
Sodium	mg	8	24


Take only as directed by Healthcare Professional.
Best consumed chilled.

Product Reorder Code: GTT75
 Contains: Filtered Water, Glucose (Halal, Kosher,
 Gluten-free), Food Acid (330), Preservative (211, 202).

 **CONTAINS ALLERGEN: SULPHITES**

KEYLINE INDICATES DIE CUT
 GUIDE ONLY – DOES NOT PRINT

PLEASE TICK AFTER CHECKING THE FOLLOWING:

Label Width:	56mm	<input type="checkbox"/>	
Label Length:	141mm	<input type="checkbox"/>	
Facestock:	DBB 22	<input type="checkbox"/>	
Core Size:	76mm 	<input type="checkbox"/>	
Layout:		<input type="checkbox"/>	
Spelling:	<input type="checkbox"/> N/A	<input type="checkbox"/>	
Ingredients:	<input type="checkbox"/> N/A	<input type="checkbox"/>	
Phone No's/Addresses:	<input type="checkbox"/> N/A	<input type="checkbox"/>	
Barcode Number/s:	<input type="checkbox"/> N/A	<input type="checkbox"/>	

PRINT COLOURS:

1		PMS 294	<input type="checkbox"/>
2		PMS 305	<input type="checkbox"/>
3		Pro Black	<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>


No Coating Required: ☐

Print Direction Diagram Selected: ☐


PLEASE SELECT OPTION BELOW:

ARTWORK ALTERATIONS – First revision will be performed free of charge, however subsequent changes may incur a fee as nominated by **insignia**. PLEASE INDICATE CHANGE/S ON PROOF.

HARD-COPY PROOF REQUIRED

 PLEASE NOTE: Printing plates will not be ordered until the actual Hard-Copy Proof is returned to and received by **insignia**, duly signed and dated with all relevant boxes ticked.

PROOF APPROVED**PLEASE PROCEED TO PRINTING PLATE**

 If you tick this box, you are agreeing to approve this art and its manufacture/printing without seeing a Hard-Copy Proof.

I have checked this proof and authorise labels to be manufactured to these specifications. I understand that while all care is taken, **insignia** accepts no responsibility for errors overlooked in the proofing process.

SIGNATURE: _____

DATE: _____

Verbal approvals will **NOT** be accepted. All cancellations must be in writing.

i IMPORTANT

All labels manufactured by **insignia** will be **matched to this proof** or designated spot colours, unless otherwise requested.

Spot Colours will be printed as **PMS** (Pantone Matching System) specified.

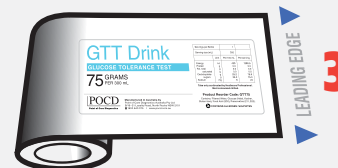
Proof for: **Point of Care Dns**
 Attention: **Rupert Haines**
 Date Sent: **04 · 07 · 19**
 Form/Item No: **86090** **POCD 11**
 Version No: **v1** **v2**
 Client No: **175980** Rep: **SH**

☐ **PROOF NUMBER**

☐ **ART QC**

☐ **SCHED QC**

☐ **SECOND QC**

PLEASE CIRCLE DIAGRAM TO APPROVE REQUIRED DIRECTION

PRINT DIRECTION

CUSTOMER DETAILS

GRAPHIC ARTIST

