



Minnesota Tobacco Substance Reporting Form

Date: _____

Tobacco Manufacturer: _____

Contact Person: _____

Title for above named: _____

Address: _____

Phone Number: _____

E-mail Address: _____

**Minnesota Department Health
Tobacco Prevention and Control Section**

Golden Rule Building Street Address:
**85 East Seventh Place
St. Paul, Minnesota 55101**

Mailing Address:
**PO Box 64882
St. Paul, Minnesota 55164-0882**



Minnesota Tobacco Substance Reporting Form Part 1: Cigarettes

Example: Brand Name: Marlboro Sub Brand: Marlboro Lights Generic Brand: GPC		Unburned State			Burned State			
		Mainstream		Sidestream				
Brand, Sub Brand or Generic Brand Name	Substance	:g/g of whole tobacco	Gram quantity of tobacco per cigarette*	Detection limit of method	:g per cigarette	Detection limit of method	:g per cigarette	Detection limit of method
	1. Ammonia or any compound of ammonia							
	2. Arsenic							
	3. Cadmium							
	4. Formaldehyde							
	5. Lead							
	1. Ammonia or any compound of ammonia							
	2. Arsenic							
	3. Cadmium							
	4. Formaldehyde							
	5. Lead							
	1. Ammonia or any compound of ammonia							
	2. Arsenic							
	3. Cadmium							
	4. Formaldehyde							
	5. Lead							

The Department of Health requests voluntary submission of the protocol used for testing.

* Submission of this information is optional

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Minnesota Tobacco Substance Reporting Form Part 2: Smokeless Tobacco

Brand, Sub Brand or Generic Brand Name	Substance	Unburned State	
		:g/g of whole tobacco	Detection limit of method
	1. Ammonia or any compound of ammonia		
	2. Arsenic		
	3. Cadmium		
	4. Formaldehyde		
	5. Lead		
	1. Ammonia or any compound of ammonia		
	2. Arsenic		
	3. Cadmium		
	4. Formaldehyde		
	5. Lead		
	1. Ammonia or any compound of ammonia		
	2. Arsenic		
	3. Cadmium		
	4. Formaldehyde		
	5. Lead		

The Department of Health requests voluntary submission of the protocol used for testing.

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Minnesota Tobacco Substance Reporting Form Part 3: Cigars

Brand, Sub Brand or Generic Brand Name	Substance	Unburned State			Burned State			
		:g/g of whole tobacco	Gram quantity of tobacco per cigar*	Detection limit of method			Sidestream	
					:g per cigar	Detection limit of method	:g per cigar	Detection limit of method
	1. Ammonia or any compound of ammonia							
	2. Arsenic							
	3. Cadmium							
	4. Formaldehyde		Mainstream					
	5. Lead							
	1. Ammonia or any compound of ammonia							
	2. Arsenic							
	3. Cadmium							
	4. Formaldehyde							
	5. Lead							
	1. Ammonia or any compound of ammonia							
	2. Arsenic							
	3. Cadmium							
	4. Formaldehyde							
	5. Lead							

The Department of Health requests voluntary submission of the protocol used for testing.

* Submission of this information is optional

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Minnesota Tobacco Substance Reporting Form Part 4: Pipe or Roll Your Own

Brand, Sub Brand or Generic Brand Name	Substance	Unburned State		Burned State			
		:g/g of whole tobacco	Detection limit of method	:g of tobacco burned	Detection limit of method	Sidestream	
						:g of tobacco burned	Detection limit of method
<input type="checkbox"/> Pipe <input type="checkbox"/> Loose Roll Your Own	1. Ammonia or any compound of ammonia						
	2. Arsenic						
	3. Cadmium						
	4. Formaldehyde		Mainstream				
	5. Lead						
<input type="checkbox"/> Pipe <input type="checkbox"/> Loose Roll Your Own	1. Ammonia or any compound of ammonia						
	2. Arsenic						
	3. Cadmium						
	4. Formaldehyde						
	5. Lead						
<input type="checkbox"/> Pipe <input type="checkbox"/> Loose Roll Your Own	1. Ammonia or any compound of ammonia						
	2. Arsenic						
	3. Cadmium						
	4. Formaldehyde						
	5. Lead						

The Department of Health requests voluntary submission of the protocol used for testing.

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