

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>Cadista Pharmaceuticals Inc.</u> Number: _____</p> <p>Product Name: <u>Cyclobenzaprine HCl 10MG</u></p> <p>Product ID Number: _____</p> <p><input checked="" type="checkbox"/> NDC <u>59746-0177-10</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>3-59746-177-10-2</u></p> <p>Description: <u>Cyclobenzaprine Hydrochloride Tablets 10MG, USP</u></p> <p>Address: <u>207 Kiley Dr</u></p> <p>City, State, Zip: <u>Salisbury, MD 21801</u></p> <p>Key Contact: <u>Louis Pastor</u> Fax: <u>215-443-9646</u></p> <p>Phone Number: <u>410-912-3721</u> Ext: _____</p> <p>Phone Number: _____ Ext: _____</p> <p>Is the Product? <input checked="" type="checkbox"/> Direct Ship Item <input type="checkbox"/> Drop Ship Item</p> <p>Is the Product a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Schedule Number: _____</p> <p>Is this ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is this Product a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Country of Origin: <u>USA</u></p> <p>Harmonization Code Number for International Shipping: _____</p> <p>Is this product a Hazardous Material or Cytotoxic Agent?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide additional information on page 2.</p> <p>Attach copy of Material Safety Data Sheet (MSDS)</p> <p>Attach Package Insert</p>	<p>a. Temperature – Indicate the normal temperature range for this product.</p> <p>I. Controlled Room Temperature (68° – 77° F) <input checked="" type="checkbox"/></p> <p>II. Room Temperature (59° – 86° F) <input type="checkbox"/></p> <p>III. Excessive Heat (>104° F) <input type="checkbox"/></p> <p>IV. Cool (46° – 59° F) <input type="checkbox"/></p> <p>V. Refrigerated (36° – 46° F) <input type="checkbox"/></p> <p>VI. Frozen (-4° – 14° F) <input type="checkbox"/></p> <p>VII. No Requirement <input type="checkbox"/></p> <p>b. Are temperature excursions permitted/allowed for product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide the temperature range and hours duration: _____ and _____</p> <p>c. Are there additional storage and shipping requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please provide on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION											
<p>Is there a minimum order quantity?</p> <p>If yes, <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item</p> <p>Number of Pieces? <u>48</u></p> <p>Shelf Life: <u>24</u> Months</p> <p>Whsl. Code #: _____</p> <p>Fineline Code: _____</p> <p>Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use</p> <p>If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first:</p> <p>6 months? <input type="checkbox"/> Yes</p> <p>9 months? <input type="checkbox"/> Yes</p> <p>12 months? <input type="checkbox"/> Yes</p> <p>Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensions	Item Dimensions	Pallet Dimensions	# Cases/Pallet	
	1000 10MG TAB	<input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other	Case: Carton: Item:	48		Case: 21.0 Carton: 2.47 Item: .36	.907 cu. ft.	Depth: 20.25 IN Height: 14.75 IN Width: 5.25 IN	Depth: Height: 4.7 IN Width: IN	Depth: 48.000 IN Height: 45.000 IN Width: 40.000 IN	260	
	<p>For Generic Drug Products:</p> <p>I. Orange Book Rating: <u>AB</u> II. Product Color: <u>Yellow</u></p> <p>III. Brand Name Equivalent: <u>Flexeril (McNeil)</u> IV. Generic Name For Brand: <u>Cyclobenzaprine HCl</u></p>											
	COST INFORMATION											
	Regular Cost (\$)	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB		Distribution Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retl Price (\$)	SRP (\$)	Excise Tax	
	DZ											
	EA					67.26		1100.00				
	PPK											

This offer is made on a proportionally equal basis to all sellers' accounts complete with customer. Signature: _____



