

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>Cadista Pharamceuticals</u> Number: _____</p> <p>Product Name: <u>Hydrochlorothiazide Capsules</u></p> <p>Product ID Number: _____</p> <p><input checked="" type="checkbox"/> NDC <u>59746-382-06</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>3 59746-382-06 3</u></p> <p>Description: <u>Hydrochlorothiazide Capsules USP, 12.5MG Capsules</u></p> <p>Address: <u>207 Kiley Drive</u></p> <p>City, State, Zip: <u>Salisbury, MD 21801</u></p> <p>Key Contact: <u>Nora Cruse</u> Fax: <u>215-443-9646</u></p> <p>Phone Number: <u>410-912-3748</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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide additional information on page 2.</p> <p><b>Attach copy of Material Safety Data Sheet (MSDS)</b></p> <p><b>Attach Package Insert</b></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 (&gt;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 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 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?                      If yes, <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item                      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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will handling data change in the first:                      6 months? <input type="checkbox"/> Yes                      9 months? <input type="checkbox"/> Yes                      12 months? <input type="checkbox"/> Yes                      Unknown? <input type="checkbox"/> Yes</p>	Size/Strength /Form	Unit Of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case Dimensi ons	Item Dimensi ons	Pallet Dimensions	# Cases/ Pallet
	100 12.5mg	<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: 3.6 Carton: .84lbs Item: .07lbs	.275 cu.ft.	Depth: 12.5 IN Height: 4.0 IN Width: 9.5 IN	Depth:  Height: 3 1/4" Width: 1 1/2"	Depth: 48 Height: 45 Width: 40	210
	<p><b>For Generic Drug Products:</b></p> <p>I. Orange Book Rating: <u>AB</u> II. Product Color: <u>White/Blue</u></p> <p>III. Brand Name Equivalent: <u>Microzide</u> IV. Generic Name For Brand: <u>HCTZ</u></p>										
	<b>COST INFORMATION</b>										
	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						\$27.98	\$42.40			
	PPK										

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



Item Description: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

*If additional information is necessary, provide on right of page or as attachment.*

**HAZARDOUS MATERIAL INFORMATION**

**ADDITIONAL INFORMATION AS NECESSARY**

Is this product:

- a) Cytotoxic?       Yes     No
- b) Carcinogen?     Yes     No
- c) Inhalation Hazard?  Yes     No
- d) Contact Hazard?  Yes     No

Is this item considered a carcinogen?       Yes     No

Is this item an aerosol requiring special storage?       Yes     No

Does this product require special clean-up instructions?       Yes     No

If yes, attach MSDS with special instructions.

Department of Transportation (DOT) I.D. Number: \_\_\_\_\_

Hazard Class/ORM Code: \_\_\_\_\_

**OSHA/DOT CHEMICAL STORAGE CLASS**

Please check appropriate Class(s) for this product.

- ORGANIC                       ANTINEOPLASTIC
- INORGANIC                     STEROID/ANDROGEN
- CORROSIVE/OXIDIZER       ESSENTIAL CHEMICAL
- AEROSOL                       PRECURSOR CHEMICAL (Describe below)
- AEROSOL CLASS             MAXIMUM QTY LEVEL

Is the product restricted for air shipping?

- Passenger
- Cargo
- Passenger & Cargo

Precursor Chemical:

Size/Strength

- Ephedrine                       Yes     No      \_\_\_\_\_
- Pseudoephedrine             Yes     No      \_\_\_\_\_
- Phenylpropanolamine       Yes     No      \_\_\_\_\_

**ADDITIONAL STORAGE AND SHIPPING REQUIREMENTS**

Is this product to be shipped to customers on ice?       Yes     No

Is this product to be shipped to customers on dry ice?       Yes     No

Does this product require refrigerated truck for transport?       Yes     No

Is this Product State Regulated?       Yes     No

If yes, list states on the right or as an attachment.

Are there special returns requirements?       Yes     No

If yes, provide requirements in the space to the right or as attachment.

