

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<p>Manufacturer/Broker Name: <u>Cadista Pharmaceuticals Inc.</u> Number: _____</p> <p>Product Name: <u>Terazosin Hydrochloride Capsules</u></p> <p>Product ID Number: _____</p> <p><input checked="" type="checkbox"/> NDC <u>59746-0383-06</u> <input checked="" type="checkbox"/> UPC/GTIN # <u>3-59746-383-06-0</u></p> <p>Description: <u>Terazosin Hydrochloride 1 MG Capsules, 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>Nora Cruse</u> Fax: <u>215-443-9646</u></p> <p>Phone Number: <u>410-912-3748</u> Ext: _____</p> <p>Phone Number: <u>410-860-8700</u> 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>24</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	
	100 1MG Cap	<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:	24		Case: 2.4 Carton: 1.200 Item: .099	.196 cu. ft.	Depth: 11.625 IN Height: 3.75 IN Width: 7.75 IN	Depth: Height: 3.050 IN Width: 1.875 IN	Depth: 48.000 IN Height: 45.000 IN Width: 40.000 IN	300	
	<p>For Generic Drug Products:</p> <p>I. Orange Book Rating: <u>AB</u> II. Product Color: <u>Gray</u></p> <p>III. Brand Name Equivalent: <u>Hytrin</u> IV. Generic Name For Brand: <u>Terazosin 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				9.50	160.50						
	PPK											

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

Signature: _____



