

**PRODUCT INFORMATION**

Manufacturer/Broker Name: Cadista Pharmaceuticals Inc. Number: \_\_\_\_\_  
 Product Name: Terazosin Hydrochloride Capsules  
 Product ID Number: \_\_\_\_\_  
 NDC 59746-0384-10  UPC/GTIN # 3-59746-384-10-4  
 Description: Terazosin Hydrochloride 2 MG Capsules, USP  
 Address: 207 Kiley Dr  
 City, State, Zip: Salisbury, MD 21801  
 Key Contact: Nora Cruse Fax: 215-443-9646  
 Phone Number: 410-912-3748 Ext: \_\_\_\_\_  
 Phone Number: 410-860-8500 Ext: \_\_\_\_\_  
 Is the Product?  Direct Ship Item  Drop Ship Item  
 Is the Product a Controlled Drug?  Yes  No  
 If Yes, Schedule Number: \_\_\_\_\_  
 Is this ARCOS reportable?  Yes  No  
 Is this Product a Legend Device?  Yes  No  
 Country of Origin: USA  
 Harmonization Code Number for International Shipping: \_\_\_\_\_  
 Is this product a Hazardous Material or Cytotoxic Agent?  
 Yes  No If yes, provide additional information on page 2.

Attach copy of Material Safety Data Sheet (MSDS)

Attach Package Insert

**SPECIAL HANDLING AND STORAGE REQUIREMENTS**

a. Temperature – Indicate the normal temperature range for this product.  
 I. Controlled Room Temperature (68° – 77° F)   
 II. Room Temperature (59° – 86° F)   
 III. Excessive Heat (>104° F)   
 IV. Cool (46° – 59° F)   
 V. Refrigerated (36° – 46° F)   
 VI. Frozen (-4° – 14° F)   
 VII. No Requirement   
 b. Are temperature excursions permitted/allowed for product?  Yes  No  
 If Yes, provide the temperature range and hours duration:  
 \_\_\_\_\_ and \_\_\_\_\_  
 c. Are there additional storage and shipping requirements?  Yes  No  
 If yes, please provide on page 2.

**ADDITIONAL PRODUCT INFORMATION**

Is there a minimum order quantity?  
 If yes,  Case  Carton  Item  
 Number of Pieces? 12  
 Shelf Life: 24 Months  
 Whsl. Code #: \_\_\_\_\_  
 Finline Code: \_\_\_\_\_  
 Is Item?  Unit Dose  Unit of Use  
 If Unit Dose, is item bar coded to unit dose for Hospital tracking purposes?  
 Yes  No  
 Will handling data change in the first:  
 6 months?  Yes  
 9 months?  Yes  
 12 months?  Yes  
 Unknown?  Yes

**ITEM AND PACKING INFORMATION**

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 2MG Cap	<input checked="" type="checkbox"/> Bottle	Case:	12		Case:	1.177 cu. ft.	Depth:	Depth:	Depth:	40
	<input type="checkbox"/> Box	Carton:			7.8		20.75 IN	48.000 IN		
	<input type="checkbox"/> Glass jar	Item:			Carton:		Height:	Height:		
	<input type="checkbox"/> Ampule				3.92		7.0 IN	5.875 IN	45.000 IN	
	<input type="checkbox"/> Other				Item:		Width:	Width:	Width:	
					.639		14.0 IN	3.400 IN	40.000 IN	

**For Generic Drug Products:** I. Orange Book Rating: AB II. Product Color: Ivory  
 III. Brand Name Equivalent: Hytrin IV. Generic Name For Brand: Terazosin HCl

**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			90.25		1,556.84			
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.

