

PRODUCT INFORMATION

Manufacturer/Broker Name: Cadista Pharmaceuticals Inc. Number: _____
 Product Name: Terazosin Hydrochloride Capsules
 Product ID Number: _____
 NDC 59746-0386-06 UPC/GTIN # 3-59746-386-06-1
 Description: Terazosin Hydrochloride 10 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? 24
 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
100 10MG Cap	<input checked="" type="checkbox"/> Bottle	Case:	24		Case:	.196 cu. ft.	Depth:	Depth:	Depth:	300
	<input type="checkbox"/> Box	Carton:			2.4		11.625 IN	48.000 IN		
	<input type="checkbox"/> Glass jar	Item:			Carton:		Height:	Height:		
	<input type="checkbox"/> Ampule				1.200		3.75 IN	3.050 IN	45.000 IN	
	<input type="checkbox"/> Other				.099		Width:	Width:	Width:	
							7.75 IN	1.875 IN	40.000 IN	

For Generic Drug Products: I. Orange Book Rating: AB II. Product Color: Light Green
 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			9.50		160.50			
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.

