

| PRODUCT INFORMATION   | SPECIAL HANDLING AND STORAGE REQUIREMENTS   |
|---|---|
| <b>Manufacturer/Broker Name:</b> _____ <b>Number:</b> _____<br><b>Rx Product Name:</b> _____ <input type="checkbox"/> NDA <input type="checkbox"/> ANDA<br><b>Product ID Number:</b> <input type="checkbox"/> NDC <input type="checkbox"/> UPC/GTIN<br><b>Serialized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>How?</b> <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item<br><b>Description:</b> _____<br><b>URL for additional product information:</b> _____<br><b>Address:</b> _____<br><b>City, State, Zip:</b> _____<br><b>Key Contact:</b> _____ <b>Email:</b> _____<br><b>Phone Number:</b> _____ <b>Fax:</b> _____<br><b>Is the Product...</b> <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item<br><b>a Controlled Drug?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____<br><b>ARCOS reportable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Biological?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Co-Licensed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Repackaged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>a Legend Device?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does the product contain DEHP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Active ingredient, if product contains a drug:</b> _____<br><b>Country of Origin:</b> _____<br><b>Harmonization Code Number for International Shipping:</b> _____<br><b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input type="checkbox"/> *Yes <input type="checkbox"/> No<br><p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p> | <b>a. Temperature – Indicate the USP temperature range for this product.</b><br><input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F)<br><input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F)<br><input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F)<br><input type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F)<br><input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F)<br><input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____<br><input type="checkbox"/> VII. No Requirement<br><br><b>b. Contact for temperature excursion questions:</b><br><b>Name:</b> _____ <b>Number:</b> _____<br><br><b>Is this product to be shipped to customers on ice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Is this product to be shipped to customers on dry ice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>c. Special regulations for this product in certain states?</b> <input type="checkbox"/> *Yes <input type="checkbox"/> No<br><b>Special returns requirements for this product?</b> <input type="checkbox"/> *Yes <input type="checkbox"/> No<br><br><b>d. Store product upright?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Protect product from light?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other requirements?*</b> _____<br><p style="text-align: center;">*Please provide additional information on page 2.</p> |

| ADDITIONAL PRODUCT INFORMATION  | ITEM AND PACKING INFORMATION |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |
|---|------------------------------|--|---|-------------------------------|----------------------|--------------------------|----------------------|------------------------------------|------------------------------|-----------------|-----------------------|----|---|
| <b>Product Shape</b> _____<br><b>Product Color</b> _____<br><b>Product Imprint</b> _____<br><b>Is there a minimum order quantity?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, how many?</b> _____<br><b>Of what package type?</b><br><input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item<br><b>Shelf life:</b> _____ <b>Months</b> _____<br><b>Initial shelf life at launch (if diff't)</b> _____ | <b>Size/Strength/Form</b>    | <b>Unit of Sale</b><br><input type="checkbox"/> Bottle<br><input type="checkbox"/> Box<br><input type="checkbox"/> Glass Jar<br><input type="checkbox"/> Ampule<br><input type="checkbox"/> Other: _____ | <b>UPC Code</b><br><b>Case:</b> _____<br><b>Carton:</b> _____<br><b>Item:</b> _____ | <b>Mstr. Shpr.</b>            | <b>Inner Case Pk</b> | <b>Wght. Lbs.</b>        | <b>Cube</b>          | <b>Dimensions</b>                  |                              |                 | <b># Cases/Pallet</b> |    |   |
|   |                              |  |   |                               |                      |                          |                      | Case                               | Item                         | Pallet          |                       |    |   |
|   |                              |  |   |                               |                      |                          |                      | Depth:                             | Depth:                       | Depth:          |                       |    |   |
|   |                              |  |   |                               |                      |                          |                      | Height:                            | Height:                      | Height:         |                       |    |   |
|   |                              |  |   |                               |                      |                          |                      | Width:                             | Width:                       | Width:          |                       |    |   |
| <b>For Generic Drug Products:</b>   |                              |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |
|   |                              |  |   | <b>I. Orange Book Rating:</b> |                      |                          |                      | <b>III. Brand Name Equivalent:</b> |                              |                 |                       |    |   |
|   |                              |  |   | <b>II. Product Color:</b>     |                      |                          |                      | <b>IV. Generic Name for Brand:</b> |                              |                 |                       |    |   |
| <b>COST INFORMATION</b>   |                              |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |
| <b>Whsl. Code #:</b> _____<br><b>Fineline Code:</b> _____<br><b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use<br><b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Regular Cost (\$)</b>     | <b>Purchase Allowance</b>  |   | <b>Distribution</b>           |                      | <b>Invoice Cost (\$)</b> | <b>Net Cost (\$)</b> | <b>Mfr's AWP</b>                   | <b>Avg Retail Price (\$)</b> | <b>SRP (\$)</b> | <b>Excise Tax</b>     |    |   |
|   |                              | <input type="checkbox"/> OI <input type="checkbox"/> BB  | <input type="checkbox"/> OI <input type="checkbox"/> BB                             | \$                            | %                    |                          |                      |                                    |                              |                 |                       | \$ | % |
|   |                              |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |
|   | <b>DZ</b>                    |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |
|   | <b>EA</b>                    |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |
|   | <b>PPK</b>                   |  |   |                               |                      |                          |                      |                                    |                              |                 |                       |    |   |



| HAZARDOUS MATERIAL INFORMATION  |  |
|---|--|
| Is this product (check all that apply):   |  |
| a. Cytotoxic?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| b. CA Prop. 65 Carcinogen or Reproductive Toxicant?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> Carcinogen   |  |
| <input type="checkbox"/> Reproductive Toxicant  |  |
| <input type="checkbox"/> Both   |  |
| <input type="checkbox"/> Warning appears on label   |  |
| c. Contact Hazard?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| d. Does this product require special clean-up instructions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, attach MSDS with special instructions   |  |
| DANGEROUS GOODS SHIPPING INFORMATION  |  |
| Is this product regulated for shipment by the DOT <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(if yes, answer a-d below and provide MSDS)   |  |
| a. DOT Hazard Class _____   | b. UN/ID Number _____  |
| c. Packing Group _____  | d. Inhalation Hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Is this product shipped utilizing an authorized DOT exception or Special Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, identify method below)   |  |
| <input type="checkbox"/> Limited Quantity   |  |
| <input type="checkbox"/> Consumer Commodity, ORM-D  |  |
| <input type="checkbox"/> Small Quantity (49 CFR 173.4)  |  |
| <input type="checkbox"/> Special Permit; DOT-SP _____   |  |
| <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# _____  |  |
| Is the product restricted for air shipment?   |  |
| <input type="checkbox"/> Passenger  |  |
| <input type="checkbox"/> Cargo  |  |
| <input type="checkbox"/> Passenger & Cargo  |  |
| STORAGE INFORMATION   |  |
| Please check as appropriate for this product.   |  |
| <input type="checkbox"/> Organic  | <input type="checkbox"/> Inorganic   |
| <input type="checkbox"/> Antineoplastic   | <input type="checkbox"/> Steroid/Androgen  |
| <input type="checkbox"/> Corrosive  | <input type="checkbox"/> Oxidizer  |
| <input type="checkbox"/> Aerosol; Identify NFPA Storage Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3   |  |
| <input type="checkbox"/> Precursor Chemical (Describe below):   |  |
| <input type="checkbox"/> Ephedrine  |  |
| <input type="checkbox"/> Pseudoephedrine  |  |
| <input type="checkbox"/> Phenylpropanolamine  |  |
| <input type="checkbox"/> Iodine ( $\geq 2.2\%$ )  |  |
| <input type="checkbox"/> Other: _____   |  |
| PRODUCT INFORMATION   | ADDITIONAL INFORMATION   |
| Does this product or its components have an MSDS? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)<br><b>Attach a copy of MSDS or non-hazard letter.</b> | Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? |