

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Strides Arcolab <b>Number:</b> _____ <b>Rx Product Name:</b> Acarbose 25 mg Tablets <input type="checkbox"/> NDA <input checked="" type="radio"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 64380-758-06 <input type="checkbox"/> UPC/GTIN <b>Serialized?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>How?</b> <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input checked="" type="checkbox"/> Item <b>Description:</b> Acarbose 25 mg Tablets <b>URL for additional product information:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Key Contact:</b> _____ <b>Email:</b> _____ <b>Phone Number:</b> _____ <b>Fax:</b> _____ <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Biological?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Co-Licensed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Repackaged?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>a Legend Device?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Does the product contain DEHP?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Active ingredient, if product contains a drug:</b> Acarbose <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> _____ <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input type="radio"/> *Yes <input checked="" type="radio"/> No <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> <b>I. Freezer – between -25 and -10 C (-13° – 14° F)</b> <input type="radio"/> <b>II. Cold – between 2 and 8 C (36° – 46° F)</b> <input type="radio"/> <b>III. Cool – between 8 and 15 C (46° – 59° F)</b> <input type="radio"/> <b>IV. Controlled Room – between 20 and 25 C (68° – 77° F)</b> <input checked="" type="radio"/> <p style="text-align: center;">allows for excursions between 15 and 30 C (59° – 86° F)</p> <b>V. Excessive Heat – above 40 C (&gt;104° F)</b> <input type="radio"/> <b>VI. Other Temperature Range Requirement</b> <input type="radio"/> <p style="text-align: center;">(write in) _____</p> <b>VII. No Requirement</b> <input type="radio"/> <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> _____ <b>Number:</b> _____ <b>Is this product to be shipped to customers on ice?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>c. Special regulations for this product in certain states?</b> <input type="radio"/> *Yes <input checked="" type="radio"/> No <b>Special returns requirements for this product?</b> <input type="radio"/> *Yes <input checked="" type="radio"/> No <b>d. Store product upright?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Protect product from light?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Other requirements?*</b> _____ <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION											
<b>Product Shape</b> Circular biconvex tablets <b>Product Color</b> white to off white in color <b>Product Imprint</b> engraved with 'P210' on c <b>Is there a minimum order quantity?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, how many?</b> _____ <b>Of what package type?</b> <input type="checkbox"/> Case <input checked="" type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 Months <b>Initial shelf life at launch (if diff't)</b> _____ <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input checked="" type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input type="radio"/> Yes <input type="radio"/> No	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/ Pallet	
	100's/25 mg/Tab	<input checked="" type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	Case: 00364380758068	144 (Bottles)	12 (Bottles)	Case: 12.6	1478.3666	Case	Item	Pallet	33	
	Carton: 00364380758068	Carton: 0.926	Depth: 14.173	Depth: 1.496	Depth: 48	Height: 11.02	Height: 2.69	Height: 38.307	Width: 11.02	Width: 1.496	Width: 40	
	Item: 00364380758068	Item: 0.06										
<b>For Generic Drug Products:</b>												
I. Orange Book: Rating: AB		III. Brand Name Equivalent: @PRECOSE		II. Product Color: white to off white		IV. Generic Name for Brand: Acarbose						
<b>COST INFORMATION</b>												
Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax		
	<input type="checkbox"/> OI <input type="checkbox"/> BB		<input type="checkbox"/> OI <input type="checkbox"/> BB									
	\$	%	\$	%								
DZ												
EA												
PPK												



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):

- a. Cytotoxic? Yes No
b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Yes No
c. Contact Hazard? Yes No
d. Does this product require special clean-up instructions? Yes No

DANGEROUS GOODS SHIPPING INFORMATION

Is this product regulated for shipment by the DOT Yes No

- a. DOT Hazard Class
b. UN/ID Number
c. Packing Group
d. Inhalation Hazard? Yes No

Is this product shipped utilizing an authorized DOT exception or Special Permit? Yes No

- Limited Quantity
Consumer Commodity, ORM-D
Small Quantity (49 CFR 173.4)
Special Permit; DOT-SP
Special Provision (listed in Column 7 of 49 CFR 172.101); SP#

Is the product restricted for air shipment?

- Passenger
Cargo
Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

- Organic Inorganic
Antineoplastic Steroid/Androgen
Corrosive Oxidizer
Aerosol; Identify NFPA Storage Level: Level 1 Level 2 Level 3
Precursor Chemical (Describe below):
Ephedrine
Pseudoephedrine
Phenylpropanolamine
Iodine (>=2.2%)
Other:

PRODUCT INFORMATION

ADDITIONAL INFORMATION

Does this product or its components have an MSDS? Yes No
Attach a copy of MSDS or non-hazard letter.

Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?