

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Strides Number: _____ Rx Product Name: Imiquimod Cream, 5% <input type="radio"/> NDA <input checked="" type="radio"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 64380-773-02 <input type="checkbox"/> UPC/GTIN Serialized? <input checked="" type="radio"/> Yes <input type="radio"/> No How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item Description: Imiquimod Cream, 5 % URL for additional product information: _____ Address: 201 South Main Street, Suite 3 City, State, Zip: Lambertville, NJ 08530 Key Contact: JB Davis Email: sales@stridesusa.com Phone Number: 8134446299 Fax: 8133303058 Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="radio"/> Yes <input checked="" type="radio"/> No Biological? <input type="radio"/> Yes <input checked="" type="radio"/> No Co-Licensed? <input checked="" type="radio"/> Yes <input type="radio"/> No Repackaged? <input type="radio"/> Yes <input checked="" type="radio"/> No a Legend Device? <input type="radio"/> Yes <input checked="" type="radio"/> No Does the product contain DEHP? <input type="radio"/> Yes <input checked="" type="radio"/> No Active ingredient, if product contains a drug: Imiquimod Country of Origin: Italy Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <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="color: red; text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	a. Temperature – Indicate the USP temperature range for this product. I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="radio"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="radio"/> III. Cool – between 8 and 15 C (46° – 59° F) <input type="radio"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input type="radio"/> allows for excursions between 15 and 30 C (59° – 86° F) V. Excessive Heat – above 40 C (>104° F) <input type="radio"/> VI. Other Temperature Range Requirement <input checked="" type="radio"/> (write in) <u>between 4° to 25 °C (39 to 77°F)Do</u> VII. No Requirement <input type="radio"/> b. Contact for temperature excursion questions: Name: Nagesh Majeti Number: 6097735004 Is this product to be shipped to customers on ice? <input type="radio"/> Yes <input checked="" type="radio"/> No Is this product to be shipped to customers on dry ice? <input type="radio"/> Yes <input checked="" type="radio"/> No c. Special regulations for this product in certain states? <input type="radio"/> *Yes <input checked="" type="radio"/> No Special returns requirements for this product? <input type="radio"/> *Yes <input checked="" type="radio"/> No d. Store product upright? <input type="radio"/> Yes <input checked="" type="radio"/> No Protect product from light? <input type="radio"/> Yes <input checked="" type="radio"/> No Other requirements?* <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
Product Shape Cream Product Color White to Off white cream Product Imprint N/A Is there a minimum order quantity? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, how many? _____ Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Shelf life: 24 Months Initial shelf life at launch (if diff't) _____ Whsl. Code #: _____ Fineline Code: _____ Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="radio"/> Yes <input type="radio"/> No	Size/Strength/ Form 12's/12.5mg /Cream <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	Unit of Sale <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	UPC Code Case: _____ Carton: _____ Item: _____	Mstr. Shpr. 132 (Carton)	Inner Case Pk 12 (Sachet)	Wght. Lbs. Case: 6.07 Carton: 0.037 Item: 0.001	Cube 1587.6174	Dimensions <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 14.173</td> <td>Depth: 2.126</td> <td>Depth: 47.2441</td> </tr> <tr> <td>Height: 11.614</td> <td>Height: 1.28</td> <td>Height: 40.5512</td> </tr> <tr> <td>Width: 9.645</td> <td>Width: 0.079</td> <td>Width: 39.3701</td> </tr> </tbody> </table>			Case	Item	Pallet	Depth: 14.173	Depth: 2.126	Depth: 47.2441	Height: 11.614	Height: 1.28	Height: 40.5512	Width: 9.645	Width: 0.079	Width: 39.3701	# Cases/ Pallet 36
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For Generic Drug Products: I. Orange Book: Rating: _____ III. Brand Name Equivalent: Aldara® II. Product Color: White to off white IV. Generic Name for Brand: _____																							
COST INFORMATION																							
Regular Cost (\$) _____		Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____		Distribution <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____		Invoice Cost (\$) _____	Net Cost (\$) _____	Mfr's AWP _____	Avg Retail Price (\$) _____	SRP (\$) _____	Excise Tax _____												
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
- Carcinogen
- Reproductive Toxicant
- Both
- Warning appears on label
- c. Contact Hazard? Yes No
- d. Does this product require special clean-up instructions? Yes No
- If yes, attach MSDS with special instructions

DANGEROUS GOODS SHIPPING INFORMATIONIs this product regulated for shipment by the DOT Yes No
(if yes, answer a-d below and provide MSDS)a. DOT Hazard Class b. UN/ID Number c. Packing Group d. Inhalation Hazard? Yes NoIs this product shipped utilizing an authorized DOT exception or Special Permit? Yes No (if yes, identify method below)

- 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 ($\geq 2.2\%$)
- Other:

PRODUCT INFORMATIONDoes this product or its components have an MSDS? Yes No
(e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)
Attach a copy of MSDS or non-hazard letter.**ADDITIONAL INFORMATION**

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