



New Item Promotion/Deal Open Stock Post Launch Change

PRODUCT INFORMATION

Manufacturer/Broker Name: **Strides** Number: _____

Rx Product Name: **Hydralazine HCL 100mg Tablets** NDA ANDA

Product ID Number: NDC **64380-736-06** UPC/GTIN

Serialized? Yes No How? 2D RFID Pallet Case Item

Description: **Orange colored circular, flat bevel edged tablets debossed "100" on one side & plain on other side**

URL for additional product information: _____

Address: **201 S. Main St. Suite 3**

City, State, Zip: **Lambertville, NJ 08530**

Key Contact: **JB Davis** Email: **sales@stridesusa.com**

Phone Number: **813-444-6299** Fax: **813-330-3058**

Is the Product... A Direct Ship Item A Drop Ship Item

a Controlled Drug? Yes No If Yes, Schedule Number: _____

ARCOS reportable? Yes No Biological? Yes No

Co-Licensed? Yes No Repackaged? Yes No

a Legend Device? Yes No Does the product contain DEHP? Yes No

Active ingredient, if product contains a drug: **Hydralazine**

Country of Origin: **India**

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) and PACKAGE INSERT

SPECIAL HANDLING AND STORAGE REQUIREMENTS

a. Temperature – Indicate the USP temperature range for this product.

I. Freezer – between -25 and -10 C (-13° – 14° F)

II. Cold – between 2 and 8 C (36° – 46° F)

III. Cool – between 8 and 15 C (46° – 59° F)

IV. Controlled Room – between 20 and 25 C (68° – 77° F)
allows for excursions between 15 and 30 C (59° – 86° F)

V. Excessive Heat – above 40 C (>104° F)

VI. Other Temperature Range Requirement
(write in) _____

VII. No Requirement

b. Contact for temperature excursion questions:
Name: _____ Number: _____

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

c. Special regulations for this product in certain states? *Yes No

Special returns requirements for this product? *Yes No

d. Store product upright? Yes No

Protect product from light? Yes No Other requirements?* _____
*Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION

ITEM AND PACKING INFORMATION

Product Shape	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/ Pallet
								Case	Item	Pallet	
circular, flat bevel edged	100's/100 mg/Tab	<input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:	Case: 00364380736066 Carton: Item:	48	12	Case: 11.012 Carton: 2.505 Item: 0.184	923.51786	Depth: 13.18 Height: 9.25 Width: 9.05	Depth: 1.889 Height: 3.46 Width: 1.889	Depth: 48 Height: 42.24 Width: 40	60 mstr shippers

For Generic Drug Products:

I. Orange Book: Rating: **AA** III. Brand Name Equivalent: **HYDRALAZINE HYDROCHLORIDE**

II. Product Color: **Orange** IV. Generic Name for Brand: **HYDRALAZINE HYDROCHLORIDE**

COST INFORMATION

Whsl. Code #:	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						
Fineline Code:		\$	%	\$	%						
Is Item? <input type="checkbox"/> Unit Dose <input checked="" type="checkbox"/> Unit of Use											
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/> Yes <input type="checkbox"/> No	DZ										
	EA										
	PPK										

This offer is made on a proportionally equal basis to all sellers' accounts complete with customer.

Signature: _____

**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?