

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Strides <b>Number:</b> _____ <b>Rx Product Name:</b> Mycophenolate Mofetil 500mg Tablets <input type="radio"/> NDA <input checked="" type="radio"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 64380-725-07 <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> Mycophenolate Mofetil 500mg 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> Mycophenolate Mofetil <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> capsule shape <b>Product Color</b> Pinkish brown color <b>Product Imprint</b> "SAL" engraved on one s <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 checked="" 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	<b>Size/Strength/Form</b> 500's/500 mg/Tab <b>Unit of Sale</b> <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: <b>UPC Code</b> <b>Case:</b> 00364380725077 <b>Carton:</b> 00364380725077 <b>Item:</b> 00364380725077 <b>Mstr. Shpr.</b> 12 (Bottles) <b>Inner Case Pk</b> NA <b>Wght. Lbs.</b> <b>Case:</b> 14.996 <b>Carton:</b> NA <b>Item:</b> 1.076 <b>Cube</b> 1279.311 <b>Dimensions</b> <table style="width:100%; border-collapse: collapse;"> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> <th># Cases/Pallet</th> </tr> <tr> <td>Depth: 15.354</td> <td>Depth: 3.209</td> <td>Depth: 48</td> <td>48</td> </tr> <tr> <td>Height: 8.465</td> <td>Height: 6.299</td> <td>Height: 39.094</td> <td></td> </tr> <tr> <td>Width: 9.843</td> <td>Width: 3.209</td> <td>Width: 40</td> <td></td> </tr> </table>	Case	Item	Pallet	# Cases/Pallet	Depth: 15.354	Depth: 3.209	Depth: 48	48	Height: 8.465	Height: 6.299	Height: 39.094		Width: 9.843	Width: 3.209	Width: 40	
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<b>For Generic Drug Products:</b>																	
<b>I. Orange Book: Rating:</b> AB		<b>III. Brand Name Equivalent:</b> CELLCEPT															
<b>II. Product Color:</b> Pinkish brown		<b>IV. Generic Name for Brand:</b> Mycophenolate Mofetil															
<b>COST INFORMATION</b>																	
<b>Regular Cost (\$)</b>		<b>Purchase Allowance</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Distribution</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<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>						
		\$ %		\$ %													
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 INFORMATION**Is 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 INFORMATION**Does 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?