

PRODUCT INFORMATION	
Manufacturer/Broker Name: <b>Strides</b>	Number:
Rx Product Name: <b>Hydralazine HCL</b>	<input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number: <input checked="" type="checkbox"/> NDC <b>6438073508</b>	<input checked="" type="checkbox"/> UPC/GTIN <b>00364380735083</b>
Serialized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input checked="" type="checkbox"/> Item
Description:	
URL for additional product information:	
Address:	
City, State, Zip:	
Key Contact:	Email:
Phone Number:	Fax:
Is the Product... <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item	
a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Schedule Number:
ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Active ingredient, if product contains a drug:	
Country of Origin:	
Harmonization Code Number for International Shipping:	
Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
*If yes, provide additional information on page 2.	
<b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b>	

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) <input type="checkbox"/>	
II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/>	
III. Cool – between 8 and 15 C (46° – 59° F) <input type="checkbox"/>	
IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input checked="" type="checkbox"/>	
allows for excursions between 15 and 30 C (59° – 86° F)	
V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/>	
VI. Other Temperature Range Requirement <input type="checkbox"/>	
(write in) _____	
VII. No Requirement <input type="checkbox"/>	
b. Contact for temperature excursion questions:	
Name: _____ Number: _____	
Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
d. Store product upright? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Product Color <b>Orange colored circular tablet</b>	<b>1000's/50 mg/Tab</b>	<input checked="" type="checkbox"/> Bottle	Case: <b>00364380735083</b>	<b>12</b>	<b>NA</b>	Case: <b>14.1</b>	<b>1103.712</b>	Case	Item	Pallet	<b>50</b>
Product Imprint <b>Orange colored circular, f</b>		<input type="checkbox"/> Box	Carton: <b>NA</b>			Carton: <b>NA</b>		Depth: <b>14.961</b>	Depth: <b>3.464</b>	Depth: <b>47.244</b>	
Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Glass Jar	Item: <b>00364380735083</b>			Item: <b>1.119</b>		Height: <b>6.692</b>	Height: <b>6.299</b>	Height: <b>41.339</b>	
If yes, how many?		<input type="checkbox"/> Ampule						Width: <b>11.024</b>	Width: <b>3.464</b>	Width: <b>39.37</b>	
Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item		<input type="checkbox"/> Other:									
Shelf life: <b>Months</b>	<b>For Generic Drug Products:</b>										
Initial shelf life at launch (if diff't)	I. Orange Book: Rating: <b>AA</b>		III. Brand Name Equivalent: <b>®</b>								
	II. Product Color: <b>Orange colored</b>		IV. Generic Name for Brand:								
<b>COST INFORMATION</b>											
Whsl. Code #:	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
Fineline Code:		\$	%	\$	%						
Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use	DZ										
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/> Yes <input type="checkbox"/> No	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?