

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Strides Number: _____ Rx Product Name: Mycophenolate Mofetil 250mg capsules <input type="radio"/> NDA <input checked="" type="radio"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 59762-0703-1 <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 checked="" type="checkbox"/> Item Description: White to off white hard gelatin capsule imprinted SAL on cap and 726 on body 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... <input checked="" 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 type="radio"/> Yes <input checked="" 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: Mycophenolate Mofetil Country of Origin: India 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 checked="" 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 type="radio"/> (write in) _____ VII. No Requirement <input type="radio"/> b. Contact for temperature excursion questions: Name: _____ Number: _____ 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?* *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																	
Product Shape size '1' hard gelatin capsul Product Color Ivory Cap and Ivory Body Product Imprint printed 'SAL' on cap and Is there a minimum order quantity? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, how many? _____ Of what package type? <input checked="" 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 checked="" 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 100's/250 mg/Cap 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: 00364380726067 Carton: _____ Item: _____ Mstr. Shpr. 48 Inner Case Pk 12 Wght. Lbs. Case: 11.311 Carton: 2.22 Item: 0.163 Cube 1314.3843 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Dimensions</th> <th rowspan="2"># Cases/ Pallet</th> </tr> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 13.38</td> <td>Depth: 1.948</td> <td>Depth: 48</td> <td rowspan="3">45 mstr shippers</td> </tr> <tr> <td>Height: 10.63</td> <td>Height: 3.85</td> <td>Height: 37.25</td> </tr> <tr> <td>Width: 9.25</td> <td>Width: 1.948</td> <td>Width: 40</td> </tr> </tbody> </table>	Dimensions			# Cases/ Pallet	Case	Item	Pallet	Depth: 13.38	Depth: 1.948	Depth: 48	45 mstr shippers	Height: 10.63	Height: 3.85	Height: 37.25	Width: 9.25	Width: 1.948	Width: 40
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<p style="color: red; text-align: center;">For Generic Drug Products:</p> I. Orange Book: Rating: AB III. Brand Name Equivalent: CELLCEPT II. Product Color: Ivory Cap and Ivory IV. Generic Name for Brand: Mycophenolate Mofetil																		
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 _____																		

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?