

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Strides Number: _____ Rx Product Name: Hydralazine HCL <input type="checkbox"/> NDA <input checked="" type="radio"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 6438073408 <input type="checkbox"/> UPC/GTIN 00364380734086 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: _____ 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="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: _____ Country of Origin: _____ 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="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"/> <p style="text-align: center;">allows for excursions between 15 and 30 C (59° – 86° F)</p> V. Excessive Heat – above 40 C (>104° F) <input type="radio"/> VI. Other Temperature Range Requirement <input type="radio"/> <p style="text-align: center;">(write in) _____</p> 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?* _____ <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION											
Product Shape _____ Product Color Orange colored circular tablet Product Imprint Orange colored circular, f 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: _____ Months Initial shelf life at launch (if diff't) _____	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/ Pallet	
	1000's/25 mg/Tab	<input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:	Case: 00364380734086 Carton: NA Item: 00364380734086	12	NA	Case: 7.663 Carton: NA Item: 0.601	520.20091	Case	Item	Pallet	102	
	Depth:	Depth:	Depth:									
	11.024	2.677	47.244									
For Generic Drug Products:												
I. Orange Book: Rating: AA		III. Brand Name Equivalent: ®										
II. Product Color: Orange colored		IV. Generic Name for Brand: _____										
COST INFORMATION												
Whsl. Code #:	Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax	
Fineline Code:		<input type="checkbox"/> OI <input type="checkbox"/> BB	<input type="checkbox"/> OI <input type="checkbox"/> BB									
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="checkbox"/> Yes <input type="checkbox"/> No	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?