

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Strides Number: _____ Rx Product Name: Hydralazine HCL 50mg Tablets <input type="radio"/> NDA <input checked="" type="radio"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 64380-735-?? <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: Orange colored circular, flat bevel edged tablets debossed "50" 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... <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: Hydralazine 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 *If yes, provide additional information on page 2. Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	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: circular, flat bevel edged Product Color: Orange Product Imprint: debossed "50" on one side 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: _____ Months Initial shelf life at launch (if diff't) _____	Size/Strength/Form: 1000's/50 mg/Tab 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: 00364380735069 Carton: _____ Item: _____	Mstr. Shpr.: 48 Inner Case Pk: 12 Wght. Lbs.: Case: 9.935 Carton: 2.236 Item: 0.162 Cube: 1357.7347	<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: 13.18</td> <td>Depth: 1.889</td> <td>Depth: 48</td> <td rowspan="3">60 mstr shippers</td> </tr> <tr> <td>Height: 9.25</td> <td>Height: 3.46</td> <td>Height: 42.24</td> </tr> <tr> <td>Width: 9.05</td> <td>Width: 1.889</td> <td>Width: 40</td> </tr> </tbody> </table>	Dimensions			# Cases/ Pallet	Case	Item	Pallet	Depth: 13.18	Depth: 1.889	Depth: 48	60 mstr shippers	Height: 9.25	Height: 3.46	Height: 42.24	Width: 9.05	Width: 1.889	Width: 40	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																																							
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Regular Cost (\$)</th> <th colspan="2">Purchase Allowance</th> <th colspan="2">Distribution</th> <th rowspan="2">Invoice Cost (\$)</th> <th rowspan="2">Net Cost (\$)</th> <th rowspan="2">Mfr's AWP</th> <th rowspan="2">Avg Retail Price (\$)</th> <th rowspan="2">SRP (\$)</th> <th rowspan="2">Excise Tax</th> </tr> <tr> <th><input type="checkbox"/> OI</th> <th><input type="checkbox"/> BB</th> <th><input type="checkbox"/> OI</th> <th><input type="checkbox"/> BB</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td>%</td> <td>\$</td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PPK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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		\$	%	\$	%							DZ											EA											PPK										
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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?