| | | |
|----------|---------|-------------|
| Standard | Droduct | Information |
| Stanuaru | Product | Information |

Pharmaceutical Products

| ucts | New Item | ☐ Promotion/Deal | ☐ Open Stock | ☐ Post Launch Chang |
|------|----------|------------------|--------------|---------------------|
| | | Date: | 12/10/14 | Page 1 of |

| PROD | UCT INFORMA | TION | | | | | SPECI | AL HANDLI | NG AND ST | ORAGE R | EQUIRE | MENTS | |
|--|---|-----------------|------------|----|--|---|---------------|--------------|--------------------|----------------|-------------|-------------------|--------------------|
| Manufacturer/Broker Name: AvKARE, Inc. Number: | | | | а | a. Temperature – Indicate the normal temperature range for this product. | | | | | | | | |
| Product Name: Vitamin B1 Tablet - 100 mg Dietary Supplement | | | | | I. Controlled Room Temperature (68° – 77° F) | | | | | | \boxtimes | | |
| Product ID Number: | | | | | | | | • | , | , | | | |
| NDC 50268-0851-15 | UPC/G | TIN # | | | | II. Koon | ı rempera | ature (59° – | 86° F) | | | | |
| Description: Vitamin B1 Tablet - 100 mg | Dietary Supple | ment | | | | III. Excessive Heat (>104° F) | | | | | | | |
| Address: 615 North First Street | | | | | | IV. Cool (46° – 59° F) | | | | | | | |
| City, State, Zip: Pulaski TN 38478 | | | | | | V. Refrigerated (36° – 46° F) | | | | | | | |
| - | Fax : 931-292-6229 | | | | VI. Frozen (-4° – 14° F) | | | | | | | | |
| Phone Number: <u>931-292-6222</u> | | | | | | | • | , | | | | | |
| Phone Number: 931-908-2194 | | | | | | VII. No Re | equireme | nt | | | | | |
| Is the Product? | - | hip Item | | | b | . Are tempe | erature ex | cursions pe | ermitted/allov | wed for pro | duct? | ☐ Yes [| ⊠ No |
| If Yes, Schedule Number: | es 🖂 NO | | | | | If Yes | provide | the tempera | ture range a | nd hours d | uration: | | |
| Is this ARCOS reportable? | ′es ⊠ No | | | | | 100 | , prorido | • | nd | | | | |
| Is this Product a Legend Device? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | ′es 🛛 No | | | | | | | | | | | | |
| Country of Origin: USA | | | | | C | c. Are there additional storage and shipping requirements? ☐ Yes ☒ No | | | | | | ⊠ No | |
| Harmonization Code Number for Interna | tional Shipping | : | | | | If yes, please provide on page 2. | | | | | | | |
| Is this product a Hazardous Material or | Cytotoxic Agent | ? | | | | | | | | | | | |
| ☐ Yes If yes, p | | al information | on page 2. | | | | | | | | | | |
| Attach copy of Material Safety Data Si | heet (MSDS) | | | | | | | | | | | | |
| Attach Package Insert | Ī | | | | | | | | | | | | |
| ADDITIONAL PRODUCT INFORMATION | | | | | ITE | M AND PAG | | FORMATIO | N | | | | |
| Is there a minimum order quantity? | Size/Strength /Form | Unit Of Sale | UPC Code | | lstr. hpr. | Inner Case Pk | Wght. Lbs. | Cube | Case Dimensions | Item Dimens | | Pallet Dimensions | # Cases/ Pallet |
| If yes, ☐ Case ☐ Carton ☐ Item | 5 x 10 UD | ☐ Bottle | Case: | 50 | - | 10 box | Case: | | Depth: | Depth: | | Depth: | |
| Number of Pieces? | 100 mg | ⊠ Box | | | | per | 5.0 | | 9.50" | 2.00" | | • | |
| Shelf Life: Months | Tablet | ☐ Glass jar | Carton: | | | case | Carton: | | Height: | Height: | ŀ | leight: | |
| Whsl. Code #: | | ☐ Ampule | | | | 5 cards | | | 4.50" | 4.25" | | | |
| Fineline Code: | | ☐ Other | Item: | | | per | Item: | | Width: | Width: | V | Vidth: | |
| Is Item? ⊠ Unit Dose ☐ Unit of Use | For Conorio D | | _ | | 2.41 | box | .50 | | 6.50" | 3.25" | 1. 14 . | | |
| If Unit Dose, is item bar coded to unit | 1. Orange Book Rating: N/A II. Product Color: White | | | | | | | | | | | | |
| dose for Hospital tracking purposes? | III. Brand Name Equivalent: Vitamin B1 IV. Generic Name For Brand: Vitamin B1 | | | | | | | | | | | | |
| ☐ Yes ☐ No | COST INFORMATION Purchase Allowance Distribution Allowance Invoice Net Mfr's Avg Retl SRP Excise | | | | | | | | | | | | |
| Will handling data change in the first: | Regular OI BB | | ופום | | | Cost (\$) | Cost (\$) | AWP | Price (\$ | | Tax | | |
| 6 months? ☐ Yes | Cost | | \$ | % | \$ | | % | | | | | | |
| 9 months? | DZ | | | | | | | 40.05 | | *** | ļ | | |
| 12 months? | EA | | | | | | | \$9.83 | | \$15.68 | | | |
| Unknown? ☐ Yes | PPK | | | | 1 | | | | 1 | | | | |

This offer is made on a proportionally equal basis to all sellers' accounts completive with customer. Signature:



Item Description: Vitamin B1 Tablet - 100 mg Dietary Supplement Manufacturer: AvKARE, Inc.

| If additional information is necessary, provide on right of pa | ge or as attachment. | | | | | |
|--|----------------------|-------------------------------------|--|--|--|--|
| HAZARDOUS MATERIAL INFOR | MATION | ADDITIONAL INFORMATION AS NECESSARY | | | | |
| Is this product: | | | | | | |
| a) Cytotoxic? $\hfill \square$ Yes $\hfill \square$ No | | | | | | |
| b) Carcinogen? ☐ Yes ☒ No | | | | | | |
| c) Inhalation Hazard? 🗌 Yes 🛛 No | | | | | | |
| d) Contact Hazard? ☐ Yes ☒ No | | | | | | |
| Is this item considered a carcinogen? | ☐ Yes | | | | | |
| Is this item an aerosol requiring special storage? | ☐ Yes | | | | | |
| Does this product require special clean-up instructions? | ☐ Yes ⊠ No | | | | | |
| If yes, attach MSDS with special instructions. | | | | | | |
| Department of Transportation (DOT) I.D. Number: | | | | | | |
| Hazard Class/ORM Code: | - | | | | | |
| OSHA/DOT CHEMICAL STORAG | E CLASS | | | | | |
| Please check appropriate Class(s) for this product. | | | | | | |
| ☐ ORGANIC ☐ ANTINEOPLASTIC | | | | | | |
| ☐ INORGANIC ☐ STEROID/ANDROGEN | | | | | | |
| ☐ CORROSIVE/OXIDIZER ☐ ESSENTIAL CHEMICAL | | | | | | |
| ☐ AEROSOL ☐ PRECURSOR CHEMICAL (De | escribe below) | | | | | |
| ☐ AEROSOL CLASS ☐ MAXIMUM QTY LEVEL | | | | | | |
| Is the product restricted for air shipping? | | | | | | |
| ☐ Passenger | | | | | | |
| ☐ Cargo | | | | | | |
| ☐ Passenger & Cargo | | | | | | |
| Precursor Chemical: | Size/Strength | | | | | |
| Ephedrine ☐ Yes ☒ No | | | | | | |
| Pseudoephedrine ☐ Yes ☒ No | | | | | | |
| Phenylpropanolamine ☐ Yes ☒ No | | | | | | |
| ADDITIONAL STORAGE AND SHIPPING REQUIREMENTS | | | | | | |
| Is this product to be shipped to customers on ice? | ☐ Yes | | | | | |
| Is this product to be shipped to customers on dry ice? | ☐ Yes | | | | | |
| Does this product require refrigerated truck for transport? | ☐ Yes | | | | | |
| Is this Product State Regulated? | ☐ Yes | | | | | |
| If yes, list states on the right or as an attachment. | | | | | | |
| Are there special returns requirements? | ☐ Yes | | | | | |
| If yes, provide requirements in the space to the rigi | nt or as attachment. | | | | | |

