

CHOMA Standard Pharmaceutical Product Information

			. Ne	ew Item	Promotion/De	eal 💹 Open	Stock F	ost Launch C	nange				
PRODU	JCT INFORMATION				SPE	CIAL HAND	LING AND	STORAGE F	REQUIREME	NTS			
Manufacturer/Broker Name: AuroMedics	s Pharma LLC	Number:	55150	a. Temper	ature – Indi	cate the USF	temperatur	e range for t	his product				
Rx Product Name: Ampicillin f	or Injection 250mg		NDA 🗿 ANDA										
Product ID Number:	10 UPC/GTI	N		II. Cold – between 2 and 8 C (36° – 46° F)									
Serialized? Yes ONO How?	? 2D RFID	Pallet	Case Item	1	III. Cool -	between 8 ar	nd 15 C (46°	– 59° F)					
Description: Ampicillin for Injection 25	0mg 10pack				IV. Contro	lled Room -	between 20	and 25 C (68	s° – 77° F)	0			
						allows f	or excursion	s between 1	5 and 30 C (59° – 86°	F)		
URL for additional product information:	www.auromedics.co	om		1	V. Excessi	ive Heat – ab							
Address: 6 Wheeling Road					VI. Other 7	Temperature I	Range Requi						
City, State, Zip: Dayton, NJ 08810						(write in)							
Key Contact: Julie Faria	Email:	jfaria@aurobi	indousa.com		VII. No Re	quirement							
Phone Number: 732-823-4150	Fax:	732-601-4499		b. Contact	for temper	ature excurs	sion question	ns:					
Is the Product A Direct Ship Item	A Drop Ship Item			Name:	Joel Kise			Number:	732-823-412	22			
a Controlled Drug? Yes 🖸 No	If Yes, Schedule Nu	mber:						='					
ARCOS reportable? Yes ONO		Biological?	Yes 🖸 No	Is this p	roduct to b	e shipped to	customers	on ice?	Yes	No			
Co-Licensed? Yes ONO		Repackaged?	Yes 🖸 No	Is this p	roduct to b	e shipped to	customers	on dry ice?	☐ Ye	es 🖸 I	No		
a Legend Device? 🔲 Yes 🖸 No	Does the product of	contain DEHP?	Yes 🖸 No										
Active ingredient, if product contains a drug	g: Ampicillin			c. Special	regulations	s for this pro	duct in certa	in states?	🔲 *Ye	s 🖸 N	О		
Country of Origin: India				Special returns requirements for this product? *Yes No									
Harmonization Code Number for Internation	nal Shipping:	2941.10.10											
Is this product a Hazardous Material or Cyto	otoxic Agent?	🕽 *Yes 🔼 N	1 0	d. Store p	roduct upr	ight? 🔲	Yes 💽 N	0					
	f yes, provide additior			Protec	t product fi	rom light?		No	Other requi				
Attach copy of MATERIAL SAFETY DATA	A SHEET (MSDS) and	I PACKAGE II	NSERT				*Please pro	vide additio	nal informat	ion on pa	ge 2.		
				ITEM AND	PACKING	INFORMATION	ON						
ADDITIONAL PRODUCT INFORMATION	Cina/Ctrangeth/	T	1								# O1		
Product Shape	Size/Strength/ Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Case	Dimensions Item	Pallet	# Cases/ Pallet		
Product Color	pack of 10 / 250mg /	Bottle	Case:	120	10	Case:		Depth:	Depth:	Depth:	120		
Product Imprint	Injection	☐ Box				9.1872			2.047				
Is there a minimum order quantity?	1	Glass Jar	Carton:	-		Carton:	1	Height:	Height:	Height:			
Yes No		Ampule	355150111107			0.4906			2.44				
If yes, how many?		Other:	Item:	_		Item:	-			Width:			
Of what package type?	1		355150111107					11.22	5.118				
Case Carton Item	For Generic Drug Pr	roducts:											
Shelf life: 24 Months	I. Orange Book: Rat		AP	III. Brand I	Name Equiv	valent:	Principen						
Initial shelf life at launch (if diff't)	II. Product Color:		White to off-white		c Name for		Ampicillin f	or Injection					
				CC	ST INFORM	MATION		•					
Whsl. Code #:		Purcha	ase Allowance	Distri	bution	luvaia.	Not Coot		A Datail				
Fineline Code:	Regular Cost (\$)		OI 🗌 BB	□ 0I	ВВ	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax		
Is Item? Unit Dose Unit of Use	6	\$	%	\$	%	- Ουσι (φ)	(Ψ)		ι που (φ)				
If Unit Dose, is item bar coded to unit dose	DZ												
for hospital scanning? Yes No	EA WAC					WAC		AWP					

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

Signature:	
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CHOMA Standard Pharmaceutical Product Information

			✓ Ne	ew Item I	Promotion/De	eal 💹 Open	Stock F	ost Launch C	hange				
PRODU	ICT INFORMATION				SPE	CIAL HAND	LING AND	STORAGE F	REQUIREME	ENTS			
Manufacturer/Broker Name: AuroMedics	Pharma LLC	Number:	55150	a. Tempera	ature – Indi	cate the USF	temperatur	e range for t	this product				
Rx Product Name: Ampicillin for	or Injection 500mg		NDA 💽 ANDA		I. Freezer	– between -2	5 and -10 C	(-13° – 14° F)				
Product ID Number: V NDC 55150-112-1	0 UPC/GTIN	V			II. Cold – b	etween 2 an	d 8 C (36° –	46° F)	i				
Serialized? Yes No How?	2D RFID	Pallet	Case Item		III. Cool –	between 8 ar	nd 15 C (46°	– 59° F)					
Description: Ampicillin for Injection 50	0mg 10pack				IV. Contro	lled Room -	between 20	and 25 C (68	3° – 77° F)	0			
						allows f	or excursion	s between 1	5 and 30 C (59° – 86°	F)		
URL for additional product information:	www.auromedics.co	om			V. Excessi	ive Heat - ab	ove 40 C (>1	04° F)	l .		•		
Address: 6 Wheeling Road					VI. Other 1	Temperature I	Range Requir	· · · · · · · · · · · · · · · · · · ·					
City, State, Zip: Dayton, NJ 08810						(write in)							
Key Contact: Julie Faria	Email:	jfaria@aurob	indousa.com		VII. No Red	quirement							
Phone Number: 732-823-4150	Fax:	732-601-4499		b. Contact	for temper	ature excurs		ns:					
Is the Product A Direct Ship Item	A Drop Ship Item			Name:	Joel Kise			Number:	732-823-412	22			
a Controlled Drug? Yes No	If Yes, Schedule Nu	mber:						_					
ARCOS reportable? Yes ONO		Biological?	Yes 🖸 No	Is this p	roduct to b	e shipped to	customers	on ice?	Yes	No			
Co-Licensed? Yes No		Repackaged?	Yes 🖸 No	-		e shipped to			☐ Ye	es 🧿	No		
a Legend Device? Yes No	Does the product of	ontain DEHP?	Yes 🖸 No										
Active ingredient, if product contains a drug	: Ampicillin			c. Special regulations for this product in certain states?									
Country of Origin: India					Special returns requirements for this product?								
Harmonization Code Number for Internation	al Shipping:	2941.10.10				-	-						
Is this product a Hazardous Material or Cyto	d. Store product upright? Yes ONO												
If	Protect product from light? Yes No Other requirements?												
Attach copy of MATERIAL SAFETY DATA	SHEET (MSDS) and	I PACKAGE II	NSERT				*Please pro	vide additio	nal informat	ion on pa	ge 2.		
				ITEM AND	PACKING	INFORMATION	N						
ADDITIONAL PRODUCT INFORMATION													
Due heat Ol and	Size/Strength/	Unit of Sale	UPC Code	Mstr.	Inner	Wght. Lbs.	Cube	Case	Dimensions Item	Pallet	# Cases/		
Product Shape	Form	Dottle	0	Shpr.	Case Pk						Pallet		
Product Color	pack of 10 / 500mg /	Bottle	Case:	120	10	Case:			Depth:	Depth:	120		
Product Imprint	injection	Box	0 1	_		9.2928			2.047				
Is there a minimum order quantity? ☑ Yes ☑ No		Glass Jar				Carton:			Height:	Height:			
_		Ampule	355150112104			0.4994			2.44	180 141			
If yes, how many?		Other:	Item:			Item:			Width:	Width:			
Of what package type?			355150112104					11.22	5.118				
Case Carton L Item	For Generic Drug Pr												
Shelf life: 24 Months	I. Orange Book: Rati	ing:	AP		Name Equiv		Principen						
Initial shelf life at launch (if diff't)	II. Product Color: White to off-white				Name for		Ampicillin f	or Injection					
			All		ST INFORM	MATION	ı	T	1	ī			
Whsl. Code #:	Damular Cast (ft)		ase Allowance		bution	Invoice	Net Cost	Maria AVAID	Avg Retail	CDD (A)	Fi. a. Ta		
Fineline Code: Is Item? Unit Dose Unit of Use	Regular Cost (\$)	<u> </u>	OI BB	<u> </u>	BB	Cost (\$)	(\$)	Mfr's AWP	Price (\$)	SKP (\$)	Excise Tax		
		.	/0	Ψ	/0								
If Unit Dose, is item bar coded to unit dose	DZ EA WAC					WAC		AWP					
for hospital scanning?	EA WAC					WAC		AVVE					
🖸 Yes 🔲 No	11 K												

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CHOMA Standard Pharmaceutical Product Information

				Ŭ Ne	w item i	Promotion/De	ear Open	Stock P	OST LAUTICH C	nange					
PRO	DUCT INFO	ORMATION		SPECIAL HANDLING AND STORAGE REQUIREMENTS											
lanufacturer/Broker Name: AuroMed	cs Pharma	a LLC	Number:	55150	a. Tempera	ature – Indi	cate the USP	temperatur	e range for t	this product.					
x Product Name: Ampicillin	n for Injecti	ion 1g		NDA 💽 ANDA		I. Freezer -	- between -2	5 and -10 C ((-13° – 14° F)						
roduct ID Number: V NDC 55150-113	3-10	UPC/GTIN	V		II. Cold – between 2 and 8 C (36° – 46° F)										
erialized? Yes ONO Ho	Case Item		III. Cool – I	oetween 8 an	nd 15 C (46° -	– 59° F)									
escription: Ampicillin for Injection 1g 10pack						IV. Control	led Room -	between 20	and 25 C (68	3° – 77° F)	0				
	allows for excursions between 15 and 30 C (59° – 86° F)														
RL for additional product information: www.auromedics.com						V. Excessive Heat – above 40 C (>104° F)									
ddress: 6 Wheeling Road					VI. Other Temperature Range Requirement										
ity, State, Zip: Dayton, NJ 08810	(write in)														
(ey Contact: Julie Faria		Email:	jfaria@aurobi	ndousa.com	om VII. No Requirement										
hone Number: 732-823-4150		Fax:	732-601-4499		b. Contact	for temper	ature excurs	ion question	ns:						
s the Product	A Dro	A Drop Ship Item Name: Joel Kise Number: 732-823-4122													
Controlled Drug? Yes ONO						_									
RCOS reportable? Yes 🖸 No			Biological?	Is this product to be shipped to customers on ice?											
o-Licensed? 🔲 Yes 🔯 No			Repackaged? Yes No Is this product to be shipped to customers on dry ice? Yes							es 🧿 l	No				
Legend Device? Yes No	Does t	Does the product contain DEHP?													
ctive ingredient, if product contains a d	c. Special regulations for this product in certain states?														
country of Origin: India	Special returns requirements for this product?														
armonization Code Number for Internati	onal Shipp	oing:	2941.10.10												
s this product a Hazardous Material or C	ytotoxic Ag	gent?	*Yes 🖸 N	lo	d. Store product upright?										
If yes, provide additional information on page 2.						Protect product from light? Yes Other requirements?									
ttach copy of MATERIAL SAFETY DA	TA SHEET	(MSDS) and	I PACKAGE IN	ISERT	*Please provide additional information on page 2.										
ADDITIONAL PRODUCT INFORMATIO	N				ITEM AND PACKING INFORMATION										
NEEDINGINAL I NOBOOT IN ONIMATIO		e/Strength/			Mstr.	Inner		Т	Г	Dimensions		# Cases/			
roduct Shape		Form	Unit of Sale	UPC Code	Shpr.	Case Pk	Wght. Lbs.	Cube	Case	Item	Pallet	Pallet			
roduct Color	pack of	f 10 / 1g /	Bottle	Case:	120	10	Case:		Depth:	Depth:	Depth:	120			
roduct Imprint	Injectio	n	✓ Box				10.771		7.48	2.125					
there a minimum order quantity?			Glass Jar	Carton:	-		Carton:		Height:	Height:	Height:				
Yes No			Ampule	355150113101			0.6226		6.889	2.75					
yes, how many?			Other:	Item:	-		Item:		Width:	Width:	Width:				
of what package type?				355150113101					11.614	5.314					
Case Carton Item	For Ger	neric Drug Pr	oducts:		•	•		•	•	•					
Shelf life: 24 Months		ge Book: Rati		AP	III. Brand N	Name Equiv	alent:	Principen							
nitial shelf life at launch (if diff't)		luct Color:		White to off-white	IV. Generic			Ampicillin f	or Injection						
					CO	ST INFORM	IATION								
Vhsl. Code #:			Purcha	se Allowance	Distri	bution	Inve!ee	Not Coot		Ava Detell					
ineline Code:	Regul	ılar Cost (\$)		OI BB	OI	ВВ	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax			
Unit Dose Unit of	Js€		\$	%	\$	%	ουσι (ψ <i>)</i>	(Ψ)		1 110€ (ψ)					
Unit Dose, is item bar coded to unit dos															
or hospital scanning?		WAC					WAC		AWP						
🖸 Yes 🔃 No	PPK														

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			[✓] Ne	w Item I	Promotion/De	eal 🔃 Open	Stock P	ost Launch C	nange				
PRODU	SPECIAL HANDLING AND STORAGE REQUIREMENTS												
Manufacturer/Broker Name: AuroMedics	Pharma LLC	Number:	55150	a. Temperature – Indicate the USP temperature range for this product.									
Rx Product Name: Ampicillin fo	or Injection 2g		NDA O ANDA		I. Freezer -	- between -2	5 and -10 C (-13° – 14° F)					
Product ID Number: V NDC 55150-114-2	0 UPC/GTIN	v v		II. Cold – between 2 and 8 C (36° – 46° F)									
Serialized? Yes No How?	2D RFID	Pallet	Case Item	III. Cool – between 8 and 15 C (46° – 59° F)									
Description: Ampicillin for Injection 2g	10раск			1	IV. Control	led Room -	between 20	and 25 C (68	s° – 77° F)	0			
•							or excursion	•	•	59° – 86° l	F)		
JRL for additional product information:	www.auromedics.co	om			V. Excessi		ove 40 C (>1		-		•		
Address: 6 Wheeling Road							` Range Requir						
City, State, Zip: Dayton, NJ 08810						(write in)							
Key Contact: Julie Faria	Email:	jfaria@aurobi	indousa.com		VII. No Red	-							
Phone Number: 732-823-4150	Fax:	732-601-4499		b. Contact		-	ion question	ıs:					
s the Product A Direct Ship Item	A Drop Ship Item				Joel Kise		1		732-823-412	22			
ARCOS reportable? Yes No						e shipped to	customers	on ice?	Yes	No			
Co-Licensed? Yes No		•	Yes 🖸 No	-					Y		No		
Legend Device? Yes No	Does the product of	Repackaged? Yes No Is this product to be shipped to customers on dry ice? Yes No Does the product contain DEHP? Yes No								•			
Active ingredient, if product contains a drug	c. Special regulations for this product in certain states?												
Country of Origin: India	Special returns requirements for this product?												
Harmonization Code Number for Internation	al Shipping:	2941.10.10		Special retains requirements for time product:									
s this product a Hazardous Material or Cyto	d. Store product upright? Yes ONO												
	yes, provide addition	*Yes ON			•	•			Other requi	rements?	*		
Attach copy of MATERIAL SAFETY DATA				Protect product from light? Yes No Other requirements?* *Please provide additional information on page 2.									
17	,												
ADDITIONAL PRODUCT INFORMATION				ITEM AND PACKING INFORMATION									
	Size/Strength/	Unit of Sale	UPC Code	Mstr.	Inner	Wght. Lbs.	Cube	Dimensions			# Cases/		
Product Shape	Form	Offic of Sale	OFC Code	Shpr.	Case Pk	wynt. Lbs.	Cube	Case	Item	Pallet	Pallet		
Product Color	pack of 10 / 2g /	Bottle	Case:	120	10	Case:			Depth:	Depth:	78		
Product Imprint	Injection	✓ Box				10.956		8.858	2.598				
s there a minimum order quantity?		Glass Jar	Carton:			Carton:		Height:	Height:	Height:			
Yes ONO		Ampule	355150114207			0.638		6.889	2.755				
f yes, how many?		Other:	Item:			Item:		Width:	Width:	Width:			
Of what package type?			355150114207					13.976	6.496				
Case Carton Item	For Generic Drug Pr	oducts:						•					
Shelf life: 24 Months	I. Orange Book: Rati		AP	III. Brand I	lame Equiv	alent:	Principen						
nitial shelf life at launch (if diff't)	II. Product Color:		White to off-white	IV. Generic			Ampicillin f	or Injection					
				CO	ST INFORM	IATION							
Vhsl. Code #:		Purcha	ase Allowance	Distri	oution								
ineline Code:	Regular Cost (\$)		OI BB	□ 0I	ВВ	Invoice	Net Cost	Mfr's AWP	Avg Retail	SRP (\$)	Excise Tax		
s Item? Unit Dose Unit of Use	` '	\$	<u> </u>	\$	%	Cost (\$)	(\$)		Price (\$)				
f Unit Dose, is item bar coded to unit dose	DZ												
or hospital scanning?	EA WAC					WAC		AWP					
Yes No	PPK												

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Signature:



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			[✓] Ne	w Item F	Promotion/De	eal 💹 Open	Stock P	ost Launch C	hange				
PRODU	SPECIAL HANDLING AND STORAGE REQUIREMENTS												
Manufacturer/Broker Name: AuroMedics	Pharma LLC	Number:	55150	a. Temperature – Indicate the USP temperature range for this product.									
Rx Product Name: Ampicillin fo	or Injection 10g		NDA 👩 ANDA		I. Freezer -	- between -2	5 and -10 C (-13° – 14° F)					
Product ID Number: V NDC 55150-115-9	9 UPC/GTIN	V		II. Cold – between 2 and 8 C (36° – 46° F)									
Serialized? Yes ONO How?	2D RFID	Pallet	Case Item	III. Cool – between 8 and 15 C (46° – 59° F)									
Description: Ampicillin for Injection 10	g 10pack				IV. Control	lled Room -	between 20	and 25 C (68	3° – 77° F)	0			
							or excursion	•	•	59° – 86° l	F)		
JRL for additional product information:	www.auromedics.co	om			V. Excessi		ove 40 C (>1		-		•		
Address: 6 Wheeling Road							Range Requir	·					
City, State, Zip: Dayton, NJ 08810						(write in)	J. 1		_				
Key Contact: Julie Faria	Email:	jfaria@aurobi	indousa.com		VII. No Red	-							
Phone Number: 732-823-4150		732-601-4499		b. Contact		-	ion question	ıs:					
s the Product A Direct Ship Item	A Drop Ship Item				Joel Kise		1		732-823-412	22			
Controlled Drug? Yes No													
ARCOS reportable? Yes No						e shipped to	customers	on ice?	Yes	No			
Co-Licensed? Yes No		•	Yes 🖸 No	-			customers		Y		No		
Legend Device? Yes No	Does the product c			10 11110				,					
Active ingredient, if product contains a drug	c. Special regulations for this product in certain states?												
Country of Origin: India	g: Ampicillin			Special returns requirements for this product? *Yes No									
Harmonization Code Number for Internation	al Shipping:	2941.10.10		- Special status requirements for time products									
s this product a Hazardous Material or Cyto		*Yes ON	10	d. Store product upright? Yes ONO									
	yes, provide addition				•	J			Other requi	rements?	*		
Attach copy of MATERIAL SAFETY DATA				Protect product from light? Yes ONO Other requirements?* *Please provide additional information on page 2.									
ADDITIONAL PRODUCT INFORMATION				ITEM AND PACKING INFORMATION									
	Size/Strength/	Unit of Sale	UPC Code	Mstr.	Inner	Wght. Lbs.	Cube		Dimensions		# Cases/		
Product Shape	Form		Or O Gode	Shpr.	Case Pk		Oubc	Case	Item	Pallet	Pallet		
Product Color	pack of 10 / 10g /	Bottle	Case:	40	10	Case:		Depth:	Depth:	Depth:	48		
Product Imprint	Injection	✓ Box				13.86			4.527				
s there a minimum order quantity?		Glass Jar	Carton:			Carton:		Height:	Height:	Height:			
Yes No		Ampule	355150115990			2.64		11.417	4.724				
f yes, how many?		Other:	Item:			Item:		Width:	Width:	Width:			
Of what package type?			355150115990					12.795	11.22				
Case Carton Item	For Generic Drug Pr	oducts:											
Shelf life: 24 Months	I. Orange Book: Rati		AP	III. Brand I	Name Equiv	alent:	Principen						
nitial shelf life at launch (if diff't)	II. Product Color:	_	White to off-white	IV. Generic	Name for	Brand:	Ampicillin f	or Injection					
				CO	ST INFORM	MATION							
Vhsl. Code #:		Purcha	ase Allowance	Distri	bution	I	Not Cost		A Datail				
ineline Code:	Regular Cost (\$)		OI BB	□ 0I	ВВ	Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax		
s Item? Unit Dose Unit of Use		\$	%	\$	%	ουσι (φ <i>)</i>	(Ψ)		FIICE (\$)				
f Unit Dose, is item bar coded to unit dose	DZ												
or hospital scanning?	EA WAC					WAC		AWP					
Yes No	PPK												

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