

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Auromedics Pharma LLC <b>Number:</b> 55150 <b>Rx Product Name:</b> Ampicillin for Injection 250mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 55150-111-10 <input type="checkbox"/> UPC/GTIN <b>Serialized?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>How?</b> <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item <b>Description:</b> Ampicillin for Injection 250mg 10pack <b>URL for additional product information:</b> www.auromedics.com <b>Address:</b> 6 Wheeling Road <b>City, State, Zip:</b> Dayton, NJ 08810 <b>Key Contact:</b> Julie Faria <b>Email:</b> jfaria@aurobindousa.com <b>Phone Number:</b> 732-823-4150 <b>Fax:</b> 732-601-4499 <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Biological?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Co-Licensed?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Repackaged?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a Legend Device?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does the product contain DEHP?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> Ampicillin <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> 2941.10.10 <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="color: red; text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <b>I. Freezer – between -25 and -10 C (-13° – 14° F)</b> <input checked="" type="checkbox"/> <b>II. Cold – between 2 and 8 C (36° – 46° F)</b> <input checked="" type="checkbox"/> <b>III. Cool – between 8 and 15 C (46° – 59° F)</b> <input checked="" type="checkbox"/> <b>IV. Controlled Room – between 20 and 25 C (68° – 77° F)</b> <input checked="" type="checkbox"/> allows for excursions between 15 and 30 C (59° – 86° F) <b>V. Excessive Heat – above 40 C (&gt;104° F)</b> <input checked="" type="checkbox"/> <b>VI. Other Temperature Range Requirement</b> <input checked="" type="checkbox"/> (write in) _____ <b>VII. No Requirement</b> <input checked="" type="checkbox"/> <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> Joel Kise <b>Number:</b> 732-823-4122 <b>Is this product to be shipped to customers on ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>c. Special regulations for this product in certain states?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>Special returns requirements for this product?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>d. Store product upright?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Protect product from light?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Other requirements?*</b> _____ *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<b>Product Shape</b> _____ <b>Product Color</b> _____ <b>Product Imprint</b> _____ <b>Is there a minimum order quantity?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, how many?</b> _____ <b>Of what package type?</b> <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 Months <b>Initial shelf life at launch (if diff't)</b> _____ <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Size/Strength/Form</b> pack of 10 / 250mg / Injection <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	<b>Unit of Sale</b> Case: Carton: Item: 355150111107 355150111107	<b>UPC Code</b> Case: Carton: Item: 355150111107	<b>Mstr. Shpr.</b> 120	<b>Inner Case Pk</b> 10	<b>Wght. Lbs.</b> Case: Carton: Item: 9.1872 0.4906	<b>Cube</b> Case: Carton: Item: 7.283 6.494 11.22	<b>Dimensions</b>			<b># Cases/Pallet</b> 120
								<b>Depth:</b> 7.283	<b>Depth:</b> 2.047	<b>Depth:</b> _____	
								<b>Height:</b> 6.494	<b>Height:</b> 2.44	<b>Height:</b> _____	
								<b>Width:</b> 11.22	<b>Width:</b> 5.118	<b>Width:</b> _____	
<b>For Generic Drug Products:</b>											
<b>I. Orange Book: Rating:</b> AP			<b>III. Brand Name Equivalent:</b> Principen								
<b>II. Product Color:</b> White to off-white			<b>IV. Generic Name for Brand:</b> Ampicillin for Injection								
<b>COST INFORMATION</b>											
<b>Regular Cost (\$)</b>	<b>Purchase Allowance</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Distribution</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Invoice Cost (\$)</b>	<b>Net Cost (\$)</b>	<b>Mfr's AWP</b>	<b>Avg Retail Price (\$)</b>	<b>SRP (\$)</b>	<b>Excise Tax</b>	
	\$	%	\$	%							
DZ											
EA	WAC				WAC		AWP				
PPK											

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Auromedics Pharma LLC <b>Number:</b> 55150 <b>Rx Product Name:</b> Ampicillin for Injection 500mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 55150-112-10 <input type="checkbox"/> UPC/GTIN <b>Serialized?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>How?</b> <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item <b>Description:</b> Ampicillin for Injection 500mg 10pack <b>URL for additional product information:</b> www.auromedics.com <b>Address:</b> 6 Wheeling Road <b>City, State, Zip:</b> Dayton, NJ 08810 <b>Key Contact:</b> Julie Faria <b>Email:</b> jfaria@aurobindousa.com <b>Phone Number:</b> 732-823-4150 <b>Fax:</b> 732-601-4499 <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Biological?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Co-Licensed?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Repackaged?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a Legend Device?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does the product contain DEHP?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> Ampicillin <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> 2941.10.10 <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <b>I. Freezer – between -25 and -10 C (-13° – 14° F)</b> <input checked="" type="checkbox"/> <b>II. Cold – between 2 and 8 C (36° – 46° F)</b> <input checked="" type="checkbox"/> <b>III. Cool – between 8 and 15 C (46° – 59° F)</b> <input checked="" type="checkbox"/> <b>IV. Controlled Room – between 20 and 25 C (68° – 77° F)</b> <input checked="" type="checkbox"/> allows for excursions between 15 and 30 C (59° – 86° F) <b>V. Excessive Heat – above 40 C (&gt;104° F)</b> <input checked="" type="checkbox"/> <b>VI. Other Temperature Range Requirement</b> <input checked="" type="checkbox"/> (write in) _____ <b>VII. No Requirement</b> <input checked="" type="checkbox"/> <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> Joel Kise <b>Number:</b> 732-823-4122 <b>Is this product to be shipped to customers on ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>c. Special regulations for this product in certain states?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>Special returns requirements for this product?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>d. Store product upright?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Protect product from light?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Other requirements?*</b> _____ *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<b>Product Shape</b> _____ <b>Product Color</b> _____ <b>Product Imprint</b> _____ <b>Is there a minimum order quantity?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, how many?</b> _____ <b>Of what package type?</b> <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 Months <b>Initial shelf life at launch (if diff't)</b> _____ <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Size/Strength/Form</b> pack of 10 / 500mg / Injection <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	<b>Unit of Sale</b> Case: Carton: Item: 355150112104 355150112104	<b>UPC Code</b> Case: Carton: Item: 355150112104	<b>Mstr. Shpr.</b> 120	<b>Inner Case Pk</b> 10	<b>Wght. Lbs.</b> Case: Carton: Item: 9.2928 0.4994	<b>Cube</b> Case: Carton: Item: 7.283 6.494 11.22	<b>Dimensions</b>			<b># Cases/Pallet</b> 120
								<b>Case</b>	<b>Item</b>	<b>Pallet</b>	
								<b>Depth:</b>	<b>Depth:</b>	<b>Depth:</b>	
								<b>Height:</b>	<b>Height:</b>	<b>Height:</b>	
<b>Width:</b>	<b>Width:</b>	<b>Width:</b>									
<b>For Generic Drug Products:</b>											
<b>I. Orange Book: Rating:</b> AP			<b>III. Brand Name Equivalent:</b> Principen			<b>IV. Generic Name for Brand:</b> Ampicillin for Injection					
<b>II. Product Color:</b> White to off-white											
<b>COST INFORMATION</b>											
<b>Regular Cost (\$)</b>	<b>Purchase Allowance</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Distribution</b> <input type="checkbox"/> OI <input type="checkbox"/> BB		<b>Invoice Cost (\$)</b>	<b>Net Cost (\$)</b>	<b>Mfr's AWP</b>	<b>Avg Retail Price (\$)</b>	<b>SRP (\$)</b>	<b>Excise Tax</b>	

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> Auromedics Pharma LLC <b>Number:</b> 55150 <b>Rx Product Name:</b> Ampicillin for Injection 1g <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 55150-113-10 <input type="checkbox"/> UPC/GTIN <b>Serialized?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>How?</b> <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item <b>Description:</b> Ampicillin for Injection 1g 10pack <b>URL for additional product information:</b> www.auromedics.com <b>Address:</b> 6 Wheeling Road <b>City, State, Zip:</b> Dayton, NJ 08810 <b>Key Contact:</b> Julie Faria <b>Email:</b> jfaria@aurobindousa.com <b>Phone Number:</b> 732-823-4150 <b>Fax:</b> 732-601-4499 <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Biological?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Co-Licensed?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Repackaged?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a Legend Device?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does the product contain DEHP?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> Ampicillin <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> 2941.10.10 <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <b>I. Freezer – between -25 and -10 C (-13° – 14° F)</b> <input checked="" type="checkbox"/> <b>II. Cold – between 2 and 8 C (36° – 46° F)</b> <input checked="" type="checkbox"/> <b>III. Cool – between 8 and 15 C (46° – 59° F)</b> <input checked="" type="checkbox"/> <b>IV. Controlled Room – between 20 and 25 C (68° – 77° F)</b> <input checked="" type="checkbox"/> allows for excursions between 15 and 30 C (59° – 86° F) <b>V. Excessive Heat – above 40 C (&gt;104° F)</b> <input checked="" type="checkbox"/> <b>VI. Other Temperature Range Requirement</b> <input checked="" type="checkbox"/> (write in) _____ <b>VII. No Requirement</b> <input checked="" type="checkbox"/> <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> Joel Kise <b>Number:</b> 732-823-4122 <b>Is this product to be shipped to customers on ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>c. Special regulations for this product in certain states?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>Special returns requirements for this product?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>d. Store product upright?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Protect product from light?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Other requirements?*</b> _____ *Please provide additional information on page 2.

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<b>Product Shape</b> _____ <b>Product Color</b> _____ <b>Product Imprint</b> _____ <b>Is there a minimum order quantity?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, how many?</b> _____ <b>Of what package type?</b> <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 Months <b>Initial shelf life at launch (if diff't)</b> _____ <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Size/Strength/Form</b> pack of 10 / 1g / Injection <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	<b>Unit of Sale</b> <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	<b>UPC Code</b> <b>Case:</b> _____ <b>Carton:</b> 355150113101 <b>Item:</b> 355150113101	<b>Mstr. Shpr.</b> 120	<b>Inner Case Pk</b> 10	<b>Wght. Lbs.</b> <b>Case:</b> 10.771 <b>Carton:</b> 0.6226 <b>Item:</b> _____	<b>Cube</b>	<b>Dimensions</b>			<b># Cases/Pallet</b> 120
								Case	Item	Pallet	
								Depth:	Depth:	Depth:	
								Height:	Height:	Height:	
								Width:	Width:	Width:	
<b>For Generic Drug Products:</b>											
<b>I. Orange Book: Rating:</b> AP			<b>III. Brand Name Equivalent:</b> Principen								
<b>II. Product Color:</b> White to off-white			<b>IV. Generic Name for Brand:</b> Ampicillin for Injection								
<b>COST INFORMATION</b>											
<b>Regular Cost (\$)</b>	<b>Purchase Allowance</b>		<b>Distribution</b>		<b>Invoice Cost (\$)</b>	<b>Net Cost (\$)</b>	<b>Mfr's AWP</b>	<b>Avg Retail Price (\$)</b>	<b>SRP (\$)</b>	<b>Excise Tax</b>	
	\$	%	\$	%							
DZ											
EA	WAC				WAC		AWP				
PPK											

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<b>Manufacturer/Broker Name:</b> Auromedics Pharma LLC <b>Number:</b> 55150 <b>Rx Product Name:</b> Ampicillin for Injection 2g <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA <b>Product ID Number:</b> <input checked="" type="checkbox"/> NDC 55150-114-20 <input type="checkbox"/> UPC/GTIN <b>Serialized?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>How?</b> <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item <b>Description:</b> Ampicillin for Injection 2g 10pack <b>URL for additional product information:</b> www.auromedics.com <b>Address:</b> 6 Wheeling Road <b>City, State, Zip:</b> Dayton, NJ 08810 <b>Key Contact:</b> Julie Faria <b>Email:</b> jfaria@aurobindousa.com <b>Phone Number:</b> 732-823-4150 <b>Fax:</b> 732-601-4499 <b>Is the Product...</b> <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Biological?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Co-Licensed?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Repackaged?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>a Legend Device?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does the product contain DEHP?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> Ampicillin <b>Country of Origin:</b> India <b>Harmonization Code Number for International Shipping:</b> 2941.10.10 <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <b>I. Freezer – between -25 and -10 C (-13° – 14° F)</b> <input checked="" type="checkbox"/> <b>II. Cold – between 2 and 8 C (36° – 46° F)</b> <input checked="" type="checkbox"/> <b>III. Cool – between 8 and 15 C (46° – 59° F)</b> <input checked="" type="checkbox"/> <b>IV. Controlled Room – between 20 and 25 C (68° – 77° F)</b> <input checked="" type="checkbox"/> allows for excursions between 15 and 30 C (59° – 86° F) <b>V. Excessive Heat – above 40 C (&gt;104° F)</b> <input checked="" type="checkbox"/> <b>VI. Other Temperature Range Requirement</b> <input checked="" type="checkbox"/> (write in) _____ <b>VII. No Requirement</b> <input checked="" type="checkbox"/> <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> Joel Kise <b>Number:</b> 732-823-4122 <b>Is this product to be shipped to customers on ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>c. Special regulations for this product in certain states?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>Special returns requirements for this product?</b> <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <b>d. Store product upright?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Protect product from light?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Other requirements?*</b> _____ *Please provide additional information on page 2.

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<b>Product Shape</b> _____ <b>Product Color</b> _____ <b>Product Imprint</b> _____ <b>Is there a minimum order quantity?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, how many?</b> _____ <b>Of what package type?</b> <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> 24 Months <b>Initial shelf life at launch (if diff't)</b> _____ <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Size/Strength/Form</b> pack of 10 / 2g / Injection <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____ <b>Unit of Sale</b> <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____ <b>UPC Code</b> <b>Case:</b> _____ <b>Carton:</b> 355150114207 <b>Item:</b> 355150114207 <b>Mstr. Shpr.</b> 120 <b>Inner Case Pk</b> 10 <b>Wght. Lbs.</b> <b>Case:</b> 10.956 <b>Carton:</b> 0.638 <b>Item:</b> _____ <b>Cube</b> <b>Depth:</b> 8.858 <b>Height:</b> 6.889 <b>Width:</b> 13.976 <b>Dimensions</b> <b>Case</b> <b>Item</b> <b>Pallet</b> Depth:      Depth:      Depth: Height:      Height:      Height: Width:      Width:      Width: <b># Cases/Pallet</b> 78 <b>For Generic Drug Products:</b> <b>I. Orange Book: Rating:</b> AP <b>III. Brand Name Equivalent:</b> Principen <b>II. Product Color:</b> White to off-white <b>IV. Generic Name for Brand:</b> Ampicillin for Injection									
<b>COST INFORMATION</b>										
<b>Regular Cost (\$)</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Purchase Allowance</b> <input type="checkbox"/> OI <input type="checkbox"/> BB \$      % _____ <b>Distribution</b> <input type="checkbox"/> OI <input type="checkbox"/> BB \$      % _____ <b>Invoice Cost (\$)</b> _____ <b>Net Cost (\$)</b> _____ <b>Mfr's AWP</b> _____ <b>Avg Retail Price (\$)</b> _____ <b>SRP (\$)</b> _____ <b>Excise Tax</b> _____									

PRODUCT INFORMATION	
Manufacturer/Broker Name:	AuroMedics Pharma LLC Number: 55150
Rx Product Name:	Ampicillin for Injection 10g <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number:	<input checked="" type="checkbox"/> NDC 55150-115-99 <input type="checkbox"/> UPC/GTIN
Serialized?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item
Description:	Ampicillin for Injection 10g 10pack
URL for additional product information:	www.auromedics.com
Address:	6 Wheeling Road
City, State, Zip:	Dayton, NJ 08810
Key Contact:	Julie Faria Email: jfaria@aurobindousa.com
Phone Number:	732-823-4150 Fax: 732-601-4499
Is the Product...	<input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item
a Controlled Drug?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____
ARCOS reportable?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Co-Licensed?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a Legend Device?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Active ingredient, if product contains a drug:	Ampicillin
Country of Origin:	India
Harmonization Code Number for International Shipping:	2941.10.10
Is this product a Hazardous Material or Cytotoxic Agent?	<input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No *If yes, provide additional information on page 2.

SPECIAL HANDLING AND STORAGE REQUIREMENTS	
a. Temperature – Indicate the USP temperature range for this product.	
I. Freezer – between -25 and -10 C (-13° – 14° F) <input checked="" type="checkbox"/>	
II. Cold – between 2 and 8 C (36° – 46° F) <input checked="" type="checkbox"/>	
III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" type="checkbox"/>	
IV. Controlled Room – between 20 and 25 C (68° – 77° F) <input checked="" type="checkbox"/> allows for excursions between 15 and 30 C (59° – 86° F)	
V. Excessive Heat – above 40 C (>104° F) <input checked="" type="checkbox"/>	
VI. Other Temperature Range Requirement <input checked="" type="checkbox"/> (write in) _____	
VII. No Requirement <input checked="" type="checkbox"/>	
b. Contact for temperature excursion questions: Name: Joel Kise Number: 732-823-4122	
Is this product to be shipped to customers on ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this product to be shipped to customers on dry ice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. Special regulations for this product in certain states? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
Special returns requirements for this product? <input checked="" type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	
d. Store product upright? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Protect product from light? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements? * *Please provide additional information on page 2.	

ADDITIONAL PRODUCT INFORMATION
Product Shape
Product Color
Product Imprint
Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how many?
Of what package type? <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item
Shelf life: 24 Months
Initial shelf life at launch (if diff't)

ITEM AND PACKING INFORMATION											
Product Shape	Size/Strength/Form	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk	Wght. Lbs.	Cube	Dimensions			# Cases/Pallet
								Case	Item	Pallet	
	pack of 10 / 10g / Injection	<input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other:	Case: Carton: 355150115990 Item: 355150115990	40	10	Case: 13.86 Carton: 2.64 Item:		Depth: 11.22 Height: 11.417 Width: 12.795	Depth: 4.527 Height: 4.724 Width: 11.22	Depth:  Height:  Width: 	48

<b>For Generic Drug Products:</b>			
I. Orange Book: Rating:	AP	III. Brand Name Equivalent:	Principen
II. Product Color:	White to off-white	IV. Generic Name for Brand:	Ampicillin for Injection

COST INFORMATION												
Whsl. Code #:	Fineline Code:	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	\$ %						