

Standard Pharmaceutical Product Information (Rx Product Only)

					Introduction Ty	pe:	New Item		Final Version			Date:		6.2019
			PRODUCT INFORMATION						SPECIAL HANDL	ING AND ST	ORAGE REQ	UIREMENT	S*	
Company Name: Application Number for NDA	Auromedics Pharma VANDA/BLA (drug):):	212174	Applic	cation:	ANDA	a. Temperature – India Temper	cate the USP temper ature Range	rature range			een 20 and 25	5 C (68° – 77°
	968961354		,					-	emperature Range R	equirement				
Proprietary Name (If Applicab		Name: Furosem	nide Injection,USP 20 mg per 2mL (10 mg/mL)				- I	rite in)	oquiromoni				1
	55150-322-25		Individual Unit NDC:	55150-322-25	UPC: 3	355150322251		ll `						•
UDI			CVX Code:		MVX Code:			:	roduct to be shipped				No	-
Description:	Furosemide Injection	USP 20 mg per 2mL (10	mg/mL)					Is this p	roduct to be shipped	to customers	on dry ice?		No	-
Active Ingredient(s):		Furosemide						b. Contact for tempera Name:	ature excursion que	estions:	Steve Lucas	1		
URL for Additional Product In	nformation:	www.auromedics.com						Number	r:		888-238-788			
Address:	279 Princeton-Hights	town Road			Address 2:			Group I	E-mail:		pvg@aurobi	ndousa.com		
City:	East Windsor			State:	NJ Zi	p : 085	520							
Key Contact:	000 000 7000			Email:	700.055.0440			c. Special regulations			10		No No	_
Phone Number:	888-238-7880	Discording to an		Fax:	732-355-9449			Special	returns requirements	for this produ	JCT?		No	_
Product Therapeutic Classific	cation:	Diuretics, loop						d. Store product (unit	of sale) upright?				No	
ADDITIONAL	L PRODUCT INFORM	MATION		P	RODUCT DESCRIPT	ION INFORMAT	TION		product (unit of sale	e) from light?	•		No	-
Is the Product			1					e. Shelf life:					24	Months
a legend device?		No		Size:	25 v 2 ml C	ingle dose vials			nelf life at launch (if	different):				Months
reverse numbered?		No		Size.	25 X 2 IIIL 3	illigie dose viais								
co-licensed?		No		Strength:	20 mg per 2	mL (10 mg/mL)			C	ORDER INFO	RMATION			
Is the Product		Direct-Ship Only Neither				···- (··············-/		ll						
Is the Product		Neither		Dosage Form	: Liquid			Unit of			What is the		unit?	
								x	Bottle Box/Carton		1 box of 25	g. 1 Box of 1	0 Viale)	
If Unit Dose, is item bar code	ed to unit dose for hos	pital scanning?							Ampule		(vviite-iii, e.	g. 1 D0x 01 1	o viais)	
If Unit Dose NDC, indicate N	DC here:			Product Shap	e:				Glass		Minimum or	der quantity	?	Yes
				Product Color					Tube					
Country of Origin		India		1 Todact Color					Vial Liquid Sgl					
Is this product covered under	the Trade Agreement	ts Act (TAA)?		Product Impri	nt:				Vial Liquid Multi				ich package	type?
	-	No No							Vial Powder Sql Vial Power Multi			Each Inner/Cartor	/Pook	
			1					·	Other: Write In		1	Case	VEAUN	
			FOR GENERIC DRUG PRODUC	TS					Culcii Willo III			ouoo		
										_		_		
				Autho		If Authorized Go	eneric, other section			RMACY ORD	ER / BILL UN			
ii orango book rtaling.	AP	Te			<u> </u>	ieius are not ap	plicable	Rec. sell unit to custo			Rx billing u		асу:	
II. Generic Equivalent to Wha	it Brand?:	Furosemide Injection						25s vials carton x Each (Write-in, e.q. 1 Vial) Gram						
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCS	A) INFORMATION				(vviite-iii, e.g. i viai)				Milliliter		
			·									ļ!		
Does supplier meet DSCSA of			Yes No	GLN:					ITEM A	ND PACKING	G INFORMAT	ION		
Is product exempt from DSC: If yes, select exemption:	5A?		110							Dime	nsions (US m	ismts)	Volume	
Other exemption - Write in:									Weight Lbs.	Depth	Height	Width	(Cube)	# Pieces:
Is product repackaged?			No	If Yes, was origin	al product purchased	direct		Item:	0.847	3.54	1.97	3.54	24.687252	25 vials / 1
Is product sold by manufactu	ırer's exclusive distri	butor?	No	from mfr?					0.647	3.54	1.97	3.54	24.007232	pack
Has FDA granted waiver/exc	eption/exemption for	product?	No	If yes, attach docu	umentation from FDA			Box/Carton/Bundle/	10.604	11.1	4.72	7.48	391.89216	300 vials /
								Inner Pack:	10.004		4.72	7.40	001.00210	12 packs
			GTIN PRODUCT INFORMATIO					Case:	44.421	15.945	11.02	12.402	2179.20379	1200 vials /
			Saleab Level Unit	le	,	Quantity GT	IN-14	Pallet:						48 packs 32400 vials /
Serialized?		х	Item X	x 2D			355150322251	Fallet.	1232.384	48	38.07	40	73094.4	3,456 packs
If not, when?		X	Box/Carton/Bundle/Inner Pack	X 2D			355150322252	UPC:	Case:	503551503	22256			o, 100 paono
Items aggregated?		x	Case	X 2D			355150322256		Carton:	003551503				
		х	Pallet	X 2D	Linear	ers in one pa 700	355150322250							
				2D	Linear			COST	INFORMATION			WHOLESAL	ER USE ON	LY:
				2D	Linear			Barratan Garat			4.,			
				2D 2D	Linear			Regular Cost		\$52.50	Vendor #:	и.		
					Linear			Invoice Cost (WAC) (\$ Federal Excise Tax Pe		φ5∠.50	Whsl. Code Fineline Co			
L								As of date:	Jim or Jale	1				
		Att	tach copy of SAFETY DATA SHEE	T (SDS) or non haza	ard letter, PACKAGE II	NSERT, LABEL	AND PHOTO OF PE	RODUCT PACKAGING and	d BARCODE.					
		ne 2.	.,,	,	See new p. 3 for De			Signatu				Museman	v Penchalaiah	



Standard Pharmaceutical Product Information (Rx Product Only)

					Introduction	Type:	New Item		Final Version			Date:		5.2019
			PRODUCT INFORMATION						SPECIAL HANDL	ING AND ST	ORAGE REC	UIREMENT	S*	
Company Name: Application Number for NDA	Auromedics Pharma		·):	212174	Ap	plication:	ANDA	a. Temperature – Ind	licate the USP tempe erature Range	erature range			een 20 and 25	C (68° – 77°
_	968961354		•					Other	Temperature Range R	Requirement				
Proprietary Name (If Applicab	le) and Established N	Name: Furosem	nide Injection,USP 40 mg per 4mL	(10 mg/mL)				- 1	write in)		Store at 20°	to 25°C (68	° to 77°F)	
	55150-323-25		Individual Unit NDC:	55150-323-25	UPC:	3551503232	258							•'
UDI	Eid- leis-ti	1100 40 41 (40	CVX Code:		MVX Code:			=	product to be shipped				No No	-
Description:	Furosemide injection,	,USP 40 mg per 4mL (10	mg/mL)					is this	product to be shipped	to customers	s on ary ice?		No	•
Active Ingredient(s):		Furosemide						b. Contact for tempe Name:		estions:	Steve Lucas	3		
URL for Additional Product In	formation:	www.auromedics.com						Numb			888-238-78			
	279 Princeton-Hightst	town Road			Address 2:			Group	E-mail:		pvg@aurob	indousa.com		
	East Windsor			State:	NJ	Zip:	08520	4						
Key Contact:	888-238-7880			Email:	732-355-9449			c. Special regulations					No No	
		Dispeties less		Fax:	732-355-9449			Specia	Il returns requirements	s for this prod	uct?		No	-
Product Therapeutic Classific	cation:	Diuretics, loop						d. Store product (uni	t of sale) upright?				No	
ADDITIONAL	PRODUCT INFORM	MATION		P	RODUCT DESCR	IPTION INFOR	MATION		t product (unit of sal	le) from light	?		No	
Is the Product								e. Shelf life:					24	Months
a legend device?		No		Size:	25 x 4 m	L Single dose	vials	Initial s	shelf life at launch (if	different):				Months
reverse numbered?		No								ODDED INC	DMATION			
co-licensed? Is the Product		No Direct-Ship Only		Strength:	40 mg pe	er 4mL (10 mg/	mL)		9	ORDER INFO	RMATION			
Is the Product		Bilook Orap Oray						Unit of	Sale		What is the	NDC selling	unit?	
				Dosage Form:	: Liquid				Bottle		1 box of 25			
If Unit Dose, is item bar code	d to unit dose for hose	pital scanning?						х	Box/Carton		(Write-in, e	g. 1 Box of	10 Vials)	
If Unit Dose NDC, indicate NI	C here:			Product Shap	e:				Ampule Glass		Minimum o	der auantity	o	Yes
ii Offit Dose NDC, indicate No	DC fiele.			Desilent Orles					Tube		WIIIIIIIIIII	uer quaritity	, :	162
Country of Origin		India		Product Color	r:				Vial Liquid Sgl					
Is this product covered under	the Trade Agreement	s Act (TAA)?		Product Impri	nt:				Vial Liquid Multi		If Yes, how		nich package	type?
		No No							Vial Powder Sql Vial Power Multi			Each Inner/Cartor	n/Pack	
			1					- 1	Other: Write In		1	Case	TT GON	
			FOR GENERIC DRUG PRODUC	TS										
				Autho	orized Generic	*If Authorize	ed Generic, other section		PHAF	RMACY ORD	ER / BILL UN	IT		
I. Orange Book Rating:	AP					fields are no	t applicable	Rec. sell unit to customer? Rx billing unit to pharmacy:						
II. Generic Equivalent to What		Furosemide Injection							als carton		X	Each	uoy.	
4								(Write-in, e.g. 1 Vial)				Gram		
		DRUG SUPPL	Y CHAIN SECURITY ACT (DSCS	A) INFORMATION								Milliliter		
Does supplier meet DSCSA d	lefinition of manufact	turer?	Yes	GLN:					IT <u>EM</u> A	AND PACKIN	G INFORMAT	ION		
Is product exempt from DSCS			No											
If yes, select exemption:									Weight Lbs.		ensions (US n		Volume	# Pieces:
Other exemption - Write in: Is product repackaged?			No	If Voc. was origin	al product purchas	end direct	ı	Item:	1.1771	Depth 5.31	Height 2.36	Width 5.31	(Cube)	5 vials / 1 pack
Is product repackaged?	rer's exclusive distril		No	from mfr?	ai product purchas	seu ulleut		item.	1.1771	3.31	2.30	5.51	66.542796	o viais / i pack
Has FDA granted waiver/exce			No	If yes, attach docu	umentation from F	DA.		Box/Carton/Bundle/	1.1771	5.31	2.36	5.31	66.542796	5 vials / 1 pack
			GTIN PRODUCT INFORMATIO	N				Inner Pack: Case:						200 vials / 8
			Saleat					Gusc.	10.694	11.811	6.299	11.811	878.708743	packs
			Level Unit			Quantity	GTIN-14	Pallet:	802.971	48	42.8	40	82176	14400 vials /
Serialized?		X	Item x	x 2D	Linear		00355150323258							576 packs
If not, when? Items aggregated?		x	Box/Carton/Bundle/Inner Pack Case	x 2D x 2D	Linear	n in 1 e flute oxes in one s	30355150323259 50355150323253	UPC:	Case: Carton:	503551503 003551503				
items aggregated:			Pallet	X 2D 2D	Linear	pers in one p	70355150323257		Carton.	000001000	020200			
				2D	Linear	, , , , , , , , , , , , , , , , , , ,		cos	T INFORMATION	_		WHOLESA	LER USE ON	_Y:
				2D	Linear									
				2D	Linear			Regular Cost			Vendor #:			
				2D	Linear			Invoice Cost (WAC)		\$70.00				
								Federal Excise Tax F As of date:	er Unit of Sale		Fineline Co	de:		
								As or uale.						
		Δ+	tach copy of SAFETY DATA SHE	T (SDS) or non haza	ard letter PACKAG	FINSERT I A	BEL AND PHOTO OF P	RODUCT PACKAGING as	nd BARCODE					
	al information on pag		accept of oral Ell Dillia Offer	(CDO) OI HOITHAZA	See new p. 3 for			Signat				Muramredo	lv Penchalaiah	1



Standard Pharmaceutical Product Information (Rx Product Only)

													10.06	
			PRODUCT INFORMATION						SPECIAL HANDLI	NG AND STO	ORAGE REC	UIREMENT:	S*	
Company Name:	Auromedics Pharma LL	LC			Appli	cation: ANDA		a. Temperature - Indica	ate the USP temper	ature range f	for this prod	ıct.		
Application Number for ND			:	212174	1 11				ture Range				een 20 and 25	5 C (68° – 77°
DUNS:	968961354	,	·					· ·	mperature Range Re	quiroment				
Proprietary Name (If Applical		ama: Furocomi	ide Injection, USP 100 mg per 10n	ol (10 mg/ml.)					te in)	quirement	Store at 20°	to 25°C (68°	to 77°F)	1
Selling Unit NDC:	55150-324-25	inc.	Individual Unit NDC:	55150-324-25	UPC:	355150324255		(****	ic iii)		01010 01 20	10 20 0 (00	10 11 1 1	1
UDI	00100 02 1 20		CVX Code:	00.00 02.20	MVX Code:	333130324233		Is this pro	duct to be shipped t	o customers	on ice?		No	
	Furnacian Injection I	ICD 100 mg nos 10ml /											No	=
Description:	rurosemide injection, C	JSP 100 mg per 10mL (1	TO Mg/ML)					is this pic	duct to be shipped t	o customers	on dry ice?		INO	-
Active Ingredient(s):	l l	Furosemide						b. Contact for temperat	ure excursion aues	tione:				
Active ingredient(s).	j	dioscillac						Name:	ure excursion ques	dons.	Steve Lucas			
URL for Additional Product I	nformation:	www.auromedics.com						Number:			888-238-788			
Address:	279 Princeton-Hightsto				Address 2:			Group E-			pvg@aurobi	ndousa.com		
City:	East Windsor			State:		ip: 08520								4
Key Contact:				Email:				c. Special regulations for	or product in any st	ates?			No	
Phone Number:	888-238-7880			Fax:	732-355-9449			Special re	eturns requirements t	for this produc	ct?		No	-
Product Therapeutic Classifi	ication:													
	_							d. Store product (unit o	f sale) upright?				No	
ADDITIONA	AL PRODUCT INFORMA	ATION		PI	RODUCT DESCRIP	TION INFORMATION			roduct (unit of sale) from light?			No	-
Is the Product								e. Shelf life:					24	Months
a legend device?		No			05 40 1	0: 1 5 1/1			elf life at launch (if d	lifferent):				Months
reverse numbered?		No		Size:	25 x 10 mL	Single Dose Vials.				,.				
co-licensed?		No		Ctromoth.	100 mm no	- 10ml (10 ma/ml)			0	RDER INFO	RMATION			
Is the Product	_	Direct-Ship Only		Strength:	100 mg pe	r 10mL (10 mg/mL)								
Is the Product				Dosage Form:	Liquid			Unit of S			What is the		unit?	
		l		Dosage i oili.	Liquid				Bottle		1 box of 25			
If Unit Dose, is item bar code	ed to unit dose for hospi	tal scanning?						x	Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	
	·_			Product Shape	e:				Ampule				_	
If Unit Dose NDC, indicate N	IDC here:			-					Glass		Minimum o	der quantity	?	Yes
Country of Origin	F	India		Product Color	:				Tube Vial Liquid Sgl					
Country of Origin	Ľ	Ilula							Vial Liquid Sgi Vial Liquid Multi		If Voc. how	many of wh	ich package	tumo?
Is this product covered under	r the Trade Agreements	Act (TAA)? No		Product Imprir	nt:				Vial Powder Sql		ii Tes, How	Each	icii package	type :
		140					-		Vial Power Multi			Inner/Cartor	/Pack	
			1						Other: Write In		1	Case		
			FOR GENERIC DRUG PRODUC	TS						1				
								•		_				
				Autho		*If Authorized Generic, other se	section		PHAR	MACY ORDE	ER / BILL UN	T		
I. Orange Book Rating:	AP					fields are not applicable		Rec. sell unit to custom	ner?		Rx billing u	nit to pharma	acy:	
II O F b I (t - M/b -										1		Each	•	
II. Generic Equivalent to Wha	at Brand?:	Furosemide Injection						25 s vials	carton		X			
ii. Generic Equivalent to wha	at Brand?:					•		25 s vials (Write-in, e.g. 1 Vial)	carton	_	X	Gram		
ii. Generic Equivalent to wha	at Brand?:		Y CHAIN SECURITY ACT (DSCS	(A) INFORMATION					carton	J	X			
		DRUG SUPPLY	-									Gram Milliliter		
Does supplier meet DSCSA	definition of manufactu	DRUG SUPPLY	Yes	(A) INFORMATION						ND PACKING		Gram Milliliter		
Does supplier meet DSCSA Is product exempt from DSC	definition of manufactu	DRUG SUPPLY	-								S INFORMAT	Gram Milliliter	Volumo	
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption:	definition of manufactu	DRUG SUPPLY	Yes							Dimer	S INFORMAT	Gram Milliliter	Volume (Cube)	# Pieces:
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption: Other exemption - Write in:	definition of manufactu	DRUG SUPPLY	Yes No	GLN:		d direct		(Write-in, e.g. 1 Vial)	ITEM AN	Dimer Depth	S INFORMAT nsions (US n Height	Gram Milliliter ION Issmts.)	(Cube)	
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption: Other exemption write in: Is product repackaged?	definition of manufactu	DRUG SUPPLY	Yes	GLN:	al product purchaser	d direct			ITEM AN	Dimer	S INFORMAT	Gram Milliliter		# Pieces: 5 vials / 1 pack
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption. Other exemption - Write in: s product repackaged? Is product sold by manufacture.	definition of manufactu CSA? :	DRUG SUPPLY Irer? Nutor?	Yes No	GLN: If Yes, was origina from mfr?	al product purchased			(Write-in, e.g. 1 Vial)	Weight Lbs.	Dimer Depth 5.31	BINFORMAT nsions (US n Height	Gram Milliliter ION Issmts.) Width 5.31	(Cube) 66.542796	5 vials / 1 pack
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption: Other exemption write in: Is product repackaged?	definition of manufactu CSA? :	DRUG SUPPLY Irer? Nutor?	Yes No No	GLN: If Yes, was origina from mfr?				(Write-in, e.g. 1 Vial)	ITEM AN	Dimer Depth	S INFORMAT nsions (US n Height	Gram Milliliter ION Issmts.)	(Cube)	
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption. Other exemption - Write in: s product repackaged? Is product sold by manufacture.	definition of manufactu CSA? :	DRUG SUPPLY Irer? Nutor?	Yes No No	GLN: If Yes, was origina from mfr? If yes, attach docu	al product purchased			(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/	Weight Lbs. 1.5071 1.5071	Dimer Depth 5.31 5.31	BINFORMAT nsions (US n Height 2.36 2.36	Gram Milliliter ION Issmts.) Width 5.31	(Cube) 66.542796 66.542796	5 vials / 1 pack
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption. Other exemption - Write in: s product repackaged? Is product sold by manufacture.	definition of manufactu CSA? :	DRUG SUPPLY Irer? Nutor?	Yes No No No No No Saleab	GLN: If Yes, was origina from mfr? If yes, attach docu	al product purchased Imentation from FD/	λ.		(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case:	Weight Lbs.	Dimer Depth 5.31	BINFORMAT nsions (US n Height	Gram Milliliter ION Issmts.) Width 5.31	(Cube) 66.542796	5 vials / 1 pack 5 vials / 1 pack 200 vials / 8 packs
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption: Other exemption - Write in: is product repackaged? Is product sold by manufactt Has FDA granted waiver/exc	definition of manufactu CSA? :	DRUG SUPPLY Irer? Nutor?	Yes No No No No No O O O O O O O O O O O O	GLN: If Yes, was origina from mfr? If yes, attach docu	al product purchased	Quantity GTIN-14		(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack:	Weight Lbs. 1.5071 1.5071 13.334	Dimer Depth 5.31 5.31 11.811	2.36 2.36 6.299	Gram Milliliter ION ISMRS.) Width 5.31 11.811	(Cube) 66.542796 66.542796 878.708743	5 vials / 1 pack 5 vials / 1 pack 200 vials / 8 packs 14400 vials /
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption. Other exemption - Write in: Is product repackaged? Is product sold by manufactt Has FDA granted waiver/exc	definition of manufactu CSA? :	DRUG SUPPLY Interest in the second s	Yes	If Yes, was origina from mfr? If yes, attach docu	al product purchase umentation from FD/	Quantity GTIN-14 Is in one cart 00355150324255		(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet:	Weight Lbs. 1.5071 1.5071 13.334 993.051	Dimer Depth 5.31 5.31 11.811 48	SINFORMAT SINFORMAT SINFORMAT SINFORMAT SINFORMAT SINFORMAT SI	Gram Milliliter ION Issmts.) Width 5.31	(Cube) 66.542796 66.542796	5 vials / 1 pack 5 vials / 1 pack 200 vials / 8 packs
Does supplier meet DSCSA of is product exempt from DSC if yes, select exemption: Other exemption - Write in: is product repackaged? Is product sold by manufactit Has FDA granted waiver/exc Serialized? If not, when?	definition of manufactu CSA? :	DRUG SUPPLY irer? Note	Yes	If Yes, was origina from mfr? If yes, attach docu	al product purchased unentation from FD/	Quantity GTIN-14 Is in one cart 00355150324256 n in 1 e flute t 30355150324256	56	(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC:	Weight Lbs. 1.5071 1.5071 1.3.334 993.051 Case:	Dimer Depth 5.31 5.31 11.811 48 5035515032	SINFORMAT asions (US n Height 2.36 2.36 6.299 42.8	Gram Milliliter ION ISMRS.) Width 5.31 11.811	(Cube) 66.542796 66.542796 878.708743	5 vials / 1 pack 5 vials / 1 pack 200 vials / 8 packs 14400 vials /
Does supplier meet DSCSA is product exempt from DSC if yes, select exemption. Other exemption - Write in: Is product repackaged? Is product sold by manufactt Has FDA granted waiver/exc	definition of manufactu CSA? :	DRUG SUPPLY irer? N N utor? oroduct? X	Yes	If Yes, was origina from mfr? If yes, attach docu N le X 2D X 2D X 2D X 2D	al product purchased unmentation from FD/	Quantity GTIN-14 Is in one cart(00355150324256 in in 1 e flute t 30355150324256 ixes in one s 50355150324250	56 50	(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC:	Weight Lbs. 1.5071 1.5071 13.334 993.051	Dimer Depth 5.31 5.31 11.811 48	SINFORMAT asions (US n Height 2.36 2.36 6.299 42.8	Gram Milliliter ION ISMRS.) Width 5.31 11.811	(Cube) 66.542796 66.542796 878.708743	5 vials / 1 pack 5 vials / 1 pack 200 vials / 8 packs 14400 vials /
Does supplier meet DSCSA of is product exempt from DSC if yes, select exemption: Other exemption - Write in: is product repackaged? Is product sold by manufactit Has FDA granted waiver/exc Serialized? If not, when?	definition of manufactu CSA? :	DRUG SUPPLY irer? Number	Yes	If Yes, was origina from mfr? If yes, attach docu N Ie X ZD	Linear Li	Quantity GTIN-14 Is in one cart 00355150324256 n in 1 e flute t 30355150324256	56 50	(Write-in, e.g. 1 Vial) Item: Box/Carton/Bundle/ Inner Pack: Case: Pallet: UPC:	### No. TEM AND ### Weight Lbs. 1.5071 1.5071 13.334 993.051 ### Case: Carton:	Dimer Depth 5.31 5.31 11.811 48 5035515032	Sinformat Sinf	Gram Milliter ION ISMITS.) Width 5.31 5.31 11.811 40	(Cube) 66.542796 66.542796 878.708743 82176	5 vials / 1 pack 5 vials / 1 pack 200 vials / 8 packs 14400 vials / 576 packs
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