

PRODUCT INFORMATION	
Manufacturer/Broker Name:	AuroMedics Pharma LLC      Number: 55150
Rx Product Name:	ONDANSETRON INJECTION, USP 4 mg/ 2 ml(2 <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number:	<input checked="" type="checkbox"/> NDC 55150-125-02 <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:	ONDANSETRON INJECTION, USP 4 mg/ 2 ml(2 mg/ml) 25 vials
URL for additional product information:	
Address:	6 Wheeling Road
City, State, Zip:	Dayton, NJ 08810
Key Contact:	Email: _____
Phone Number:	732-839-9400      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:	ONDANSETRON HYDROCHLORIDE USP
Country of Origin:	India      Harmonization Code 2941.10.10
Harmonization Code Number for International Shipping:	
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) <b>Store between 2° and 30°C (36° and 86°)</b>	
VII. No Requirement <input checked="" type="checkbox"/>	
b. Contact for temperature excursion questions: Name: _____ Number: _____	
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?* <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Please provide additional information on page 2.	

ADDITIONAL PRODUCT INFORMATION		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
Product Color	Pack of 25 's/4 mg/ 2 ml(2 mg/ml)/INJECTION	<input type="checkbox"/> Bottle	Case:	48	12	Case: 26.94707	Cube:	Case	Item	Pallet	
Product Imprint		<input checked="" type="checkbox"/> Box	Carton:					Case	Item	Pallet	
Is there a minimum order quantity?		<input type="checkbox"/> Glass Jar	Item:					Depth:	Depth:	Depth:	
If yes, how many?		<input type="checkbox"/> Ampule						Height:	Height:	Height:	
Of what package type?	<input type="checkbox"/> Other:			Width:	Width:	Width:	3.5433071	11.8110236	39.3701		
Shelf life: 24 Months	<b>For Generic Drug Products:</b>										
Initial shelf life at launch (if diff't)	I. Orange Book: Rating: AP		III. Brand Name Equivalent: _____								
	II. Product Color: White to off-white		IV. Generic Name for Brand: ONDANSETRON INJECTION, USP 4 mg/ 2 ml(2 mg/ml)								
<b>COST INFORMATION</b>											
Whsl. Code #:	Regular Cost (\$)	Purchase Allowance		Distribution Allowance		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
Fineline Code:		<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB						
Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use		\$	%	\$	%						
If Unit Dose, is item bar coded to unit dose for hospital scanning?	DZ										
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EA	WAC				WAC		AWP			
	PPK										

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

Signature: \_\_\_\_\_

PRODUCT INFORMATION	
Manufacturer/Broker Name:	AuroMedics Pharma LLC      Number: 55150
Rx Product Name:	ONDANSETRON INJECTION, USP 40 mg/ 20 ml <input checked="" type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA
Product ID Number:	<input checked="" type="checkbox"/> NDC 55150-126-20 <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:	ONDANSETRON INJECTION, USP 40 mg/ 20 ml(2 mg/ml) Mono Carton
URL for additional product information:	
Address:	6 Wheeling Road
City, State, Zip:	Dayton, NJ 08810
Key Contact:	Email: _____
Phone Number:	732-839-9400      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:	ONDANSETRON HYDROCHLORIDE USP
Country of Origin:	India      Harmonization Code 2941.10.10
Harmonization Code Number for International Shipping:	
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)      Store at 20° to 25°C (68° to 77°F) [see I]	
VII. No Requirement <input checked="" type="checkbox"/>	
b. Contact for temperature excursion questions:	
Name:	Number: _____
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		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
Product Color	Pack of mono carton/ 40 mg/ 20 ml(2 mg/ml) Mono Carton / INJECTION	<input type="checkbox"/> Bottle	Case:	210	35	Case:		Case	Item	Pallet	
Product Imprint		<input checked="" type="checkbox"/> Box	Carton:			32.29768		Depth:	Depth:	Depth:	
Is there a minimum order quantity?		<input type="checkbox"/> Glass Jar	Item:			Carton:		Height:	Height:	Height:	
If yes, how many?		<input type="checkbox"/> Ampule				0.1234587		2.7559055	10.6299213	45.669	
Of what package type?	<input type="checkbox"/> Other:				Item:		Width:	Width:	Width:		
<input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item	For Generic Drug Products:										
Shelf life: 24 Months	I. Orange Book: Rating: AP		III. Brand Name Equivalent: _____								
Initial shelf life at launch (if diff't)	II. Product Color: White to off-white		IV. Generic Name for Brand: ONDANSETRON INJECTION, USP 40 mg 20 ml(2 mg/ml)								
COST INFORMATION											
Whsl. Code #:	Regular Cost (\$)	Purchase Allowance		Distribution Allowance		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax
Fineline Code:		<input type="checkbox"/> OI <input type="checkbox"/> BB	<input type="checkbox"/> OI <input type="checkbox"/> BB								
Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use		\$	%	\$	%						
If Unit Dose, is item bar coded to unit dose for hospital scanning?	DZ										
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EA	WAC				WAC		AWP			
	PPK										

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

Signature: \_\_\_\_\_