

PACKAGING REQUEST

Part A: Requester: Fill out the following information

Requester:		Contact information:	
Product Information/Packaging			
Lot Number:		Description:	
Number of containers:	Amount in each container:	Date material to be packaged by:	
Label Information			
Type of label (supplier, size, etc.) and Special Instructions (font size, style, color, etc.):			
Attach sample label here <input type="checkbox"/> Label does not fit in space provided; attached on reverse side of this sheet.		<input type="checkbox"/> No sample label provided. Necessary information such as product name, weight, tare weight, etc. recorded below: _____ _____ _____ _____	
Contact information for label (if different from above). Include phone/fax number:			
Packaging Information			
List special packaging instructions, such as packaged in glove box:			
Shipping Information			
<input type="checkbox"/> Material currently at Avatar <input type="checkbox"/> Material to be shipped. Expected arrival date: _____			
Product Information/ Reconciliation			
<input type="checkbox"/> Ship remaining material to: _____ <input type="checkbox"/> Store remaining material at Avatar <input type="checkbox"/> Dispose of remaining material			
Requester's signature:		Date:	

Part B: For Avatar Purposes only

- Material has been received. Initials: _____ Date: _____
- Appropriate containers have been received. Initials: _____ Date: _____
- Appropriate label stock has been received. Initials: _____ Date: _____

Packaging and labeling may proceed. Forward this form to QA for Packaging number.

Packaging Number: _____ Issued by: _____ Date: _____
 Quality Assurance

Forward this form to Area Manager of Materials Management with QA copy of Attachment 2 of PG001.

PROPRIETARY INFORMATION-Not to be disclosed or reproduced without prior written approval from Avatar Pharmaceutical Services, Inc.