Format			UMEDICA LABORATORIES PVT. LTD.
Format Name	**SPECIFICATION FOR ARTWORK APPROVAL**		
Format Number	**FM/PDD/002-01-07**	**SOP Number**	**PDD/002**

New Artwork Code No.	: **XXXXXX**	**Old Artwork Code No.:**	**NA**	**Artwork Effective Date:**	
Product Name	: **SYNERRV ROSUVASTATIN 5 (Rosuvastatin Film-Coated Tablets USP 5 mg)**	**Company Name/Country**	: **Synerrv / Malaysia**		
Component Type	: **Carton**	**Pack Style**	: **3×10T - Alu Alu Blister Pack**		
Description	: **New Development Carton Artwork as per Export-Order/Malaysia Country requirement, as per Change Control No. CC/PDD24/056.**				
Specifications : L×W×H	**Layout/Drawing no.: (24-25-CTN-AUG-16)**	**Site : Umedica**		**Artwork Language: English - Malay**	
~~Full Size /~~ Size	: **89×44×22 MM**	**Type ~~/ Blister / Strip Size / Adhesive / Tube Type~~**	: **Tuck In Flap**		
Size - Catch Cover / Foil / BOPP	: **NA**	**Sachet Size/Pocket Size/Fold Size/Release Paper**	: **NA**		
Space between Labels	: **NA**	**Transparent Paper Thickness**	: **NA**		
GSM of Paper ~~/ GSM of Aluminum Foil~~	: **300 GSM**	**Type of Paper ~~/ GSM~~**	: **ITC Cyber XL Pac-GC1/JK Tuff Coated**		
Thickness/Thickness of Foil	: **NA**	**Type of Foil / Fold / Coating GSM**	: **—**		
Cylinder	: **NA**	**~~Lamination /~~ Varnish ~~/ Material Grade~~**	: **UV Coated [Window Cut]**		
Repeat/Tolerence	: **NA**	**Partition / Plate Size / Total GSM /**	: **NA**		
		Sealing / Embossing / Core Diameter	: **NA**		
GSM/BF of Printed Shipper	: **NA**	**Paper Grade / Flute Type / PLY of Shipper**	: **NA**		
(Top/Middle/Bottom and Flute layer	: **NA**				
Printing Colour	: **P-Orange 021 C [Orange Shade]**	**P-485 C [Red Shade]**	**Black**	**or as per Sample**	
Approved by Export/Marketing	:			**[Approval attached with ADF]**	

CHECKLIST FOR CHECKING ARTWORK & SPECIFICATION

Brand Name and Generic Name(As per IP/BP/USP/ In-house Pharma-copeia)	Dosage Form and strength	Prefix Rx/ XRx	Mfg. Lic. No. / Neutral Code	Regulatory Agency Approval	Packing (Qty.) / Presentation	Dosage details if required	Size / Design	Composition /label claim/ Formulation	Schedule 'H','H1','G' or 'X' etc warning for local product / Red line for oral products	Item Code	QR Code/ Barcode (1D /2D)/ Pharma code as per requirement	Material and printing colours specifica-tion	Storage Condition as per pharmaco-peia/Buyer requirement/ Registration	Registration No. / Other requirement	Mfg. Name and Address, (Tel. No. and e-mail in the insert)	Marketed by/Distributors Name/Manufacturer Name	Route of Admin. [in case of Inj./ Multidose Vial matter	Adequate Space (Batch details/2D barcode/ Embossing for Overprinting	Artwork Approved by Sign with Date	
																			Prepared by PDD Department	Approved by PDD Department
																			PPIC Department	Production Packing Department
																			QC Department	
																			RA Department	
																			QA Department	

Note to Printer:

- **After receive the CDR File, Submit the print proof for approval.**
- **The overprinting area should be unvarnished.**
- **Machine proof must be verified against the approved hard copy in Light, Standard and Dark shade should be certified and signed by an authorized person.**
- **Any deviation must be brought to the notice of the Packaging Development Department immediately in the writing.**
- **For any clarification, please contact Packaging Development Department.**