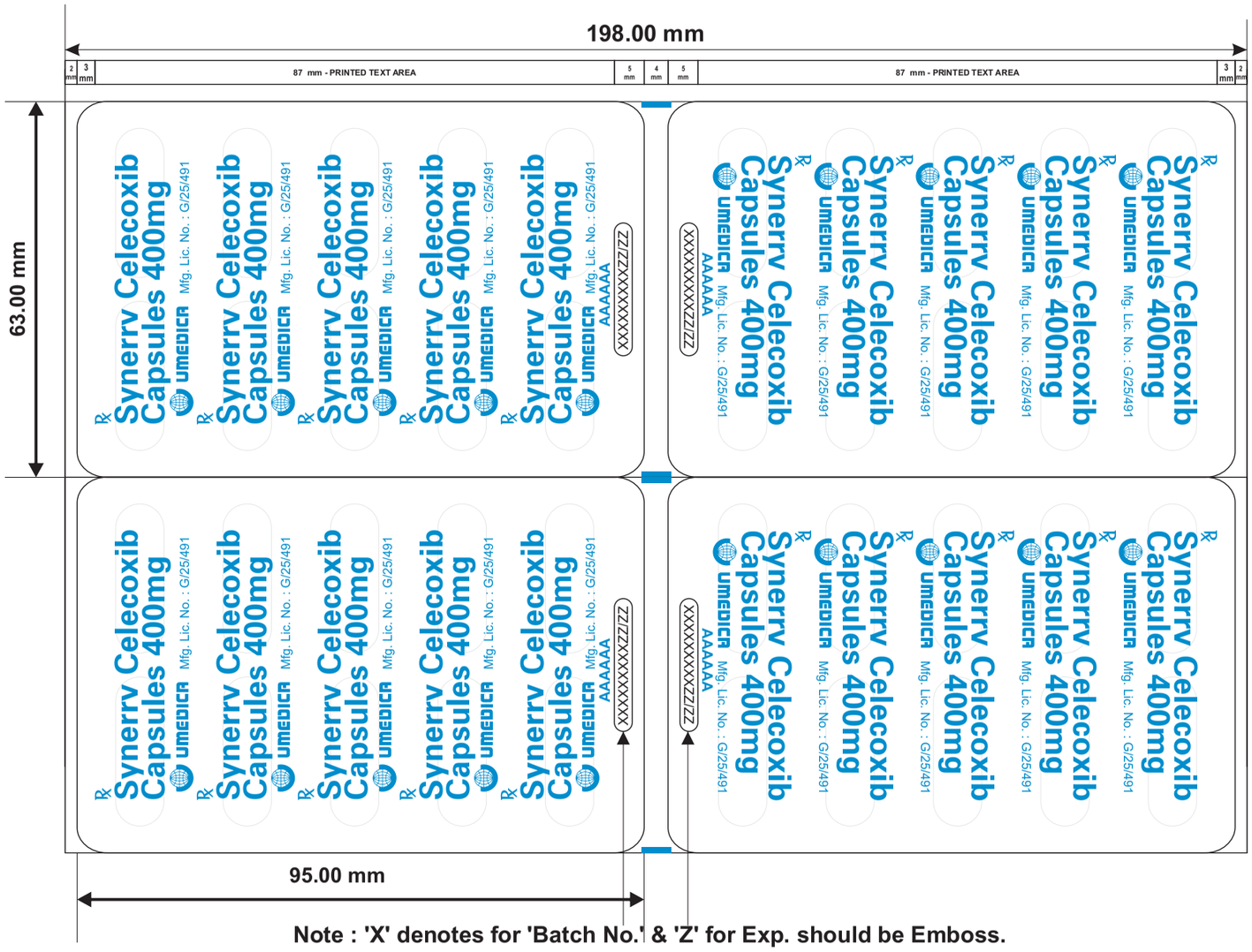

Note : 'X' denotes for 'Batch No.' & 'Z' for Exp. should be Emboss.

UMEDICA LABORATORIES PVT. LTD.
SPECIFICATION FOR ARTWORK APPROVAL

Format No.: FM/PDD/002-01-05			**Ref. SOP No.: PDD/002**
~~Artwork~~/SAP Code No. : AAAAAA		Old Version/SAP Code No. : New	Specification Version: 01
Product Name	: Synerrv Celecoxib Capsules 400mg	Company Name/Country	: Reg. Submission - Malaysia/Synerrv
Component Type	: Blister Foil	Pack Style	: 10C - Alu-PVC Blister
Description	: New development Blister Foil Artwork as per export-country, Malaysia country requirement.		
Specifications	: (Layout No. : FR 2007 000231 R0)	Site	: Umedica
Full Size / Size	: NA	~~Type~~ / Blister / ~~Strip~~ Size / ~~Adhesive~~ / ~~Tube Type~~	: 95×63×8.1(TB) MM
Size - ~~Catch Cover~~ / Foil / ~~BOPP~~	: 198 MM	Sachet Size/Pocket Size/Fold Size/Release Paper	: NA
Space between Labels	: NA	Transparent Paper Thickness	: NA
~~GSM of Paper~~ / GSM of Aluminum Foil	: NA	Type of Paper / GSM	: NA
Thickness of Foil	: 102 ± 10 µm	Type of Foil / ~~Fold~~ / Coating GSM	: Aluminum / Between 6.0 to 8.0 g/m^2
Cylinder	: 1 Nos.	~~Lamination~~ / ~~Varnish~~ / Material Grade	: NA
Repeat/Tolerence	: 62.965 ± 0.025 MM (10 Repeats 629.4 ~ 629.9 mm)	Partition / Plate Size / Total GSM / ~~Sealing~~ / ~~Embossing~~ / Core Diameter	: NA : 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-Process Blue C [Sky Blue Shade]		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. / Code	Regulatory Agency Approval	Packing (Qty.) / Presentation	Dosage details if required	Size / Design	Composition /Label Claim	Schedule 'H','H1','G' or 'X' etc warning for local product / Red line for oral products	Item Code	QR Code/ Barcode (1D / 2D) 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	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
																			PDD Department
																			PPIC/Packing Department
																			QC Department
																			RA Department
																			QA Department

Note to Printer:

- Return the original approved artwork along with the sample.
- 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.