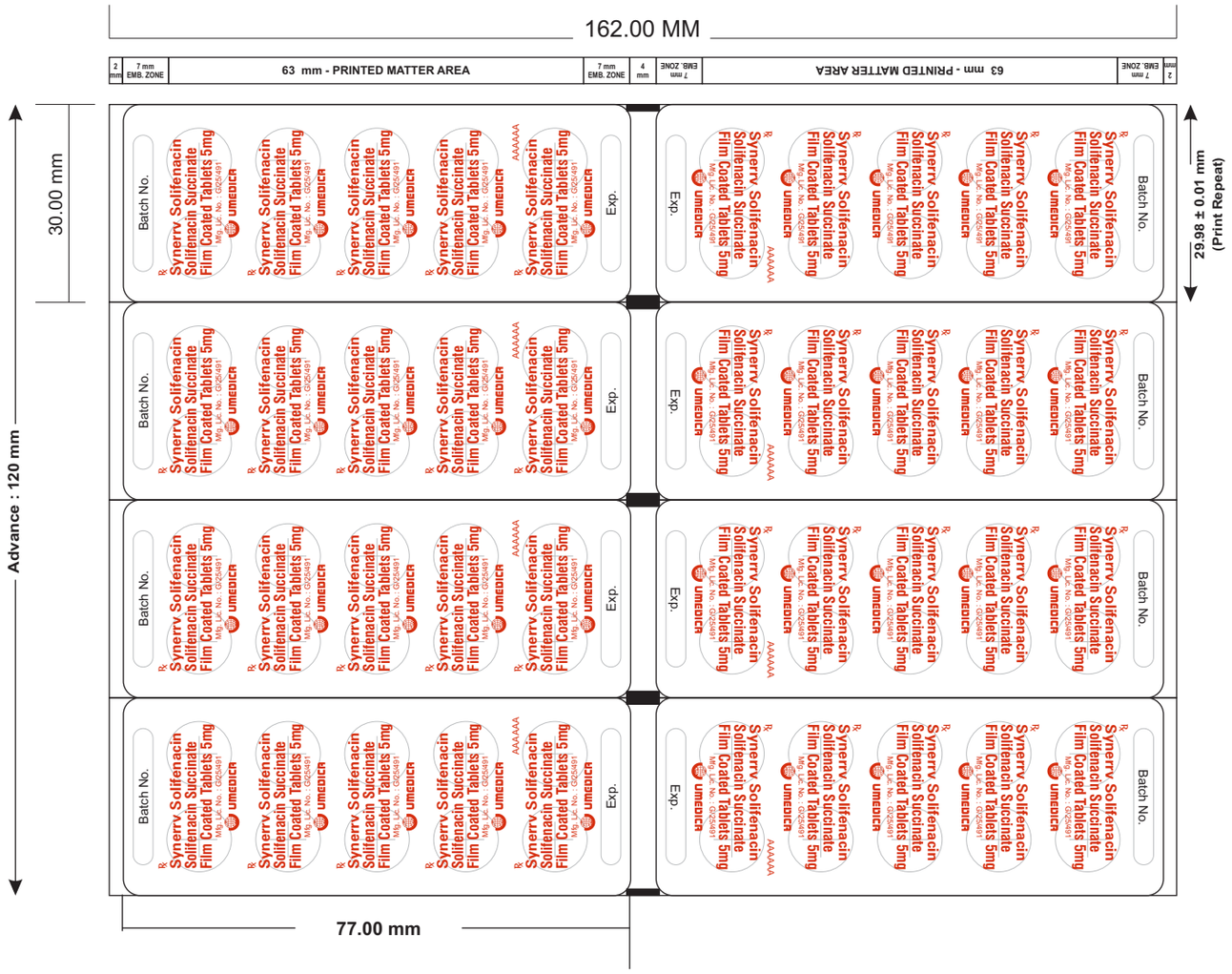

UMEDICA LABORATORIES PVT. LTD.
SPECIFICATION FOR ARTWORK APPROVAL

Format No.: FM/PDD/002-01-05				**Ref. SOP No.: PDD/002**	
~~Artwork~~/SAP Code No.	:	**AAAAAA**	**Old Version/SAP Code No.** :	**NA**	**Specification Version: 01**
Product Name	:	**Synerrv Solifenacin (Solifenacin Succinate Film Coated Tablets 5mg)**	**Company Name/Country** :	**Synerrv - Malaysia**	
Component Type	:	**Blister Foil**	**Pack Style** :	**10T - Alu-PVC Blister**	
Description	:	**New development Blister Foil Artwork as per export-country, Malaysia country requirement.**			
Specifications	:	**050 4255(R1)**	**Site** :	**Umedica**	
Full Size / Size	:	**NA**	**~~Type~~ / Blister / ~~Strip~~ Size / ~~Adhesive~~ / ~~Tube Type~~** :	**77x30 MM**	
Size - ~~Catch Cover~~ / Foil / ~~BOPP~~	:	**162 MM ± 1 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	:	**Between 63.5 & 71.6 g/m²**	**Type of Paper / GSM** :	**NA**	
Thickness of Foil	:	**0.025 MM**	**Type of Foil / ~~Fold~~ / Coating GSM** :	**Aluminum / Between 6.0 & 8.0 g/m²**	
Cylinder	:	**1 Nos.**	**~~Lamination~~ / ~~Varnish~~ / Material Grade** :	**DMF Grade**	
Repeat/Tolerence	:	**29.98 ± 0.01 MM 10 Repeats 299.7-299.9 (Eyemark)**	**Partition / Plate Size / Total GSM / ~~Sealing~~ / ~~Embossing~~ / Core Diameter** :	**NA 76 MM ± 2 MM**	
GSM/BF of Printed Shipper	:	**NA**	**Paper Grade / Flute Type / PLY of Shipper** :	**NA**	
(Top/Middle/Bottom and Flute layer	:	**NA**			
Printing Colour	:	**P-485 C [Red 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.