



Fredun Pharmaceuticals Ltd. - Specification/Checklist For Artwork Approval (Carton)					Artwork Details Provided By & cross checked by	Artwork Prepared & Artwork cross checked by	Artwork cross checked by/ Details providing by	Artwork cross checked by/ Details providing by	Artwork cross checked by	Artwork cross checked by	Printer Artwork cross checked and Approved by	Printer Artwork cross checked and Approved by
NEW ARTWORK					RA	CREATIVE	QA	PRODUCTION HEAD	PACKING HEAD	SCM TEAM	QA HEAD	CREATIVE/RA HEAD
Buyer/Country	LASO HEALTHCARE PVT. LTD. (BENIN)											
Brand Name	ETCOX - 90				Trademark: TM							
Generic Name	ETORICOXIB TABLETS 90 mg				Trademark: ®							
Product Permission	Available	<input checked="" type="checkbox"/>	Not Available	<input type="checkbox"/>	Applied	<input type="checkbox"/>						
Pack Size/Pack Mode	1 x 10 Tablets (Alu/Alu Blister)				<input checked="" type="checkbox"/>							
Composition	As per Lic./Party or Country Requirement				<input checked="" type="checkbox"/>							
Prefix	Rx / Prescription Only Medicine				<input checked="" type="checkbox"/>							
Dosage	As directed by the physician				<input checked="" type="checkbox"/>							
Storage	Store in a cool and dry place below 30°C. Protect from light and moisture. Keep Medicine out of reach of children.				<input checked="" type="checkbox"/>							
Warning/Caution												
Registration No.												
Mfg. Lic. No. / Neutral Code	KD-135	KD-125	MH/102180	MH/103283	MH/DRUGS/KD-135	<input checked="" type="checkbox"/>	MH/DRUGS/KD-125					
Loan Licence/Neutral Code												
Batch Details	Batch No.: _____ Mfg. Dt.: _____ Exp. Dt.: _____ Shelf Life: 36 Months											
M.R.P. Rs.												
Manufactured by												
Manufactured for/ Marketed by/ Imported & Distributed by	Titulaire/ Exploitant/ M.A.Holder: NO 34, Poothapedu Main Road, NSC Bose Nagar, Porur, Chennai - 600116, INDIA. www.lasohealthcare.com											
Tablets Parameters	Avg. Wt. Compress Wt. _____ mg, Coated Wt. _____ mg, Tab Colour _____ Punch Size: _____ mm, Thickness: _____ mm											
Capsules Parameters	Net Content _____ mg, Cap size _____, Cap colour _____, Body colour _____, Granules colour _____, Pellet colour _____, Pellet size _____											
Type of Foil	Alu/PVC Blister	<input type="checkbox"/>	Alu/PVDC Blister	<input type="checkbox"/>	Alu/Alu Blister	<input checked="" type="checkbox"/>	Alu/Alu Strip	<input type="checkbox"/>				
Similar Change Part	CLOVIX (ZIFAM) Change Part: Layout No.: 2012 06 02-13 (R2)											
Carton Size	Carton Size: 103 mm (L) x 18 mm (W) x 60 mm (H) - (Blister Size: 100 (L) x 57 (H) mm)											
Carton Tucking	Lock Bottom	<input type="checkbox"/>	Reverse Tucking	<input checked="" type="checkbox"/>	Any Other Specification:	<input type="checkbox"/>						
Colour of Artwork	C M Y K	<input checked="" type="checkbox"/>	PANTONE COLOUR	<input type="checkbox"/>	PANTONE WITH C M Y K COLOUR	<input type="checkbox"/>	NUMBER OF COLOUR:					
Board Names & Grammage	ITC Sapphire Board, 300 GSM	<input type="checkbox"/>	ITC Cyber XL Board, 350 GSM	<input checked="" type="checkbox"/>	White Back Board, GSM 350	<input type="checkbox"/>						
Lamination/uv Varnish	Lamination: Glossy	<input checked="" type="checkbox"/>	Lamination: Matt	<input type="checkbox"/>	Matt Lamination with Spot UV	<input type="checkbox"/>						
	UV Varnish	<input type="checkbox"/>	Aqua Varnish	<input type="checkbox"/>	Drip-off	<input type="checkbox"/>	Varnish with Spot UV	<input type="checkbox"/>	Drip-off with Spot UV	<input type="checkbox"/>		
Embossing Matter:	Embossing Matter: On Brand Name (Front) Side											
Braille Lip:												
Carton Inner Side Printing	Applicable	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>								
Mfg. & Exp. Date Format	Alpha/Numeric	<input type="checkbox"/>	MM/YY	<input type="checkbox"/>	MM/YYYY	<input checked="" type="checkbox"/>	DD/MM/YY	<input type="checkbox"/>				
Batch Detail on Carton:	Stereo Printing	<input type="checkbox"/>	Pre-printed	<input type="checkbox"/>								
Artwork Code:	SPCRT0000				Supersede Number:		Date:					
Remark:							Signature:					