

QUOTE INFORMATION	CUSTOMER INPUT
Quote Number:	
Quote Initiated by:	
Requested Date (DD/MM/YYYY):	
Quote Due Date (DD/MM/YYYY):	
CUSTOMER INFORMATION	CUSTOMER INPUT
Company Name:	
Key Contact and Title:	
Customer Full Address:	
Telephone:	
Email:	
Fax:	
PRODUCT INFORMATION	CUSTOMER INPUT
Official Product Name:	
Dosage Form:	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Semi-Solid
<i>For Solid Dose Tablet:</i>	
• Coated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Shape:	<input type="checkbox"/> Round <input type="checkbox"/> Caplet <input type="checkbox"/> Oblong
• Core Tablet Weight:	
<i>For Solid Dose Capsule :</i>	
• Size:	<input type="checkbox"/> 00 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other (please specify)
<i>For Liquid/Semi-Solid Dose:</i>	
• Form:	<input type="checkbox"/> Cream <input type="checkbox"/> Lotion <input type="checkbox"/> Gel <input type="checkbox"/> Ointment <input type="checkbox"/> Solution <input type="checkbox"/> Suspension <input type="checkbox"/> Other (please specify)
• Product Status:	<input type="checkbox"/> RX <input type="checkbox"/> OTC <input type="checkbox"/> ANDA <input type="checkbox"/> NDA/NDS <input type="checkbox"/> Natural product <input type="checkbox"/> Cosmetic
Is this product a site transfer from an existing manufacturing site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Rating (Safebridge, Merck):	
Is this product a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, schedule I, II, III, IV, V?
Is this a new product to WellSpring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List of Countries Drug Product to Be Distributed:	
Current Development Stage:	<input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Post NDA/ANDA/BLA <input type="checkbox"/> ANDA develop <input type="checkbox"/> OTC <input type="checkbox"/> Not applicable
Regulatory Strategy for Submission (if known):	
DOCUMENTATION	CUSTOMER INPUT
Please check all that apply, then attach these documents with your RFP response.	<input type="checkbox"/> Product formulation <input type="checkbox"/> Manufacturing process (including existing batch records) <input type="checkbox"/> Cleaning methods and validation <input type="checkbox"/> API vendor, specification, CoA <input type="checkbox"/> Excipient vendors, specifications, CoAs <input type="checkbox"/> Test methods and specifications (API, unique excipients, bulk and FP testing) <input type="checkbox"/> Packaging component vendors, specifications, CoCs, drawings <input type="checkbox"/> Packaging process <input type="checkbox"/> Validation documents (process and packaging if applicable) <input type="checkbox"/> Stability documents <input type="checkbox"/> MSDS <input type="checkbox"/> Any previous submission documents available?

DEVELOPMENT ACTIVITIES	CUSTOMER INPUT
Please check all that apply.	<input type="checkbox"/> Formulation adaptation <input type="checkbox"/> Excipient compatibility studies <input type="checkbox"/> API comparisons <input type="checkbox"/> Process development batches and batch size _____ <input type="checkbox"/> Scale up batches and batch size _____ <input type="checkbox"/> Submission/registration batches and batch size _____ <input type="checkbox"/> Validation batches and batch size _____ <input type="checkbox"/> Commercial production <input type="checkbox"/> Analytical testing (click all of the following that apply): <i>Raw materials API Bulk and finished product testing Development Transfer Validation</i> <input type="checkbox"/> Bulk hold study and length of study _____
COMMERCIAL PRODUCT INFORMATION	CUSTOMER INPUT
Bulk Batch Size:	
Run Size:	
Annual Quantities:	
Any additional comments on frequency of commercial product?	
Provide Summary of Pack Out: <i>(i.e., 100 count bottle, 1 label per bottle, L&E label, 1 bottle into reverse tuck carton, 1 insert per carton. Ink jet L&E on carton. Bundle 6 cartons together, place 4 bundles of 6 into shipper. Label shipper.)</i>	
Primary Component/Container and Closure Type:	
List of Secondary Packaging and Configuration:	
Expiry Date Period (from DOM):	
Number of Units per Shipping Case:	
Number of Shipping Case Labels per Shipping Case:	
Bulk and Finished Product Storage Conditions:	
Shipping Destination:	
Special Shipping Conditions:	
Documentation Required From WellSpring for Release to Ship:	
STABILITY	CUSTOMER INPUT
Please check all that apply.	<input type="checkbox"/> Number of time points 25°C <input type="checkbox"/> Number of time points 30°C <input type="checkbox"/> Number of time points 40°C <input type="checkbox"/> Stability to be completed on (click all the batches that apply): <i>Development Scale up Submission Validation First commercial batch</i>
Please provide the stability test specification per time point.	
SPECIAL REQUIREMENTS AND NOTES	CUSTOMER INPUT
Are product samples available to WellSpring?	
Dedicated equipment required? Lab, processing, packaging?	
Special product handling requirements?	