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Module 1	Administrative Information and Product Information		
Section 1.6	Product Information		

1.6.3 Patient Information Leaflet (PIL)

Please find enclosed herewith Package Insert.



Pharma Code - (27,403 Standard)		Directions for Travel	
CD Pharma Pharma Limited			
Packaging Department			
For: <input type="checkbox"/> A/S Item Code: 3027403	Coordinator Name: Muzkur	Software: <input type="checkbox"/> CD/DVD	Date: 15/06/2021
Product Name: <input type="checkbox"/> Zidovudine	Item Type: <input type="checkbox"/> Pack Insert	Article Name: <input type="checkbox"/> SPC	
Material: <input type="checkbox"/> 400.0000.0000	Revision of (Product): <input type="checkbox"/> MA	Reference Item code (P Code): <input type="checkbox"/> MA	
Actual Size: <input type="checkbox"/> 85.0 x 53.0 mm	Folding Size: <input type="checkbox"/> 70 x 53 mm	Version: <input type="checkbox"/> MA	
Print Repeat: <input type="checkbox"/> NA	Drawing No.: <input type="checkbox"/> MA		
Checked By: _____	Approved By: _____		
Verified By: _____	Date: _____		
<p>NOTE: THE COLOUR MAY NOT BE MATCHING WITH THE OUTPUT FOR THE COLOUR MATCH AS PER ATTACHED SAMPLE WITH AWF. IF IT IS NOT MATCHING WITH THE OVERREFERENCE SAMPLE THE IMPRESSION REACTION WILL BE SUPPLIER'S RESPONSIBILITY. FOR THE COLOUR MATCHING, PLEASE CONSULT WITH THE QUALITY CONTROL DEPARTMENT.</p>			
Front Panel <input type="checkbox"/> Composition <input type="checkbox"/> Storage <input type="checkbox"/> Stability <input type="checkbox"/> Company's Name <input type="checkbox"/> H.Q. Address <input type="checkbox"/> Factory Address <input type="checkbox"/> Tel. Fax No. / Email ID <input type="checkbox"/> Other		Back Panel <input type="checkbox"/> Warnings / Symbols <input type="checkbox"/> Caution / Symbols <input type="checkbox"/> Storage Contents <input type="checkbox"/> Neut. Date <input type="checkbox"/> Factory + H.Q. Address <input type="checkbox"/> Retail Price <input type="checkbox"/> Other	
<input type="checkbox"/> BRAND NAME <input type="checkbox"/> PKG. CKE <input type="checkbox"/> CTOR <input type="checkbox"/> TF <input type="checkbox"/> DM <input type="checkbox"/> GHF <input type="checkbox"/> OTHERS <input type="checkbox"/> Item Code <input type="checkbox"/> NIF <input type="checkbox"/> Printed License No. <input type="checkbox"/> CO. ZONE / DCP <input type="checkbox"/> Change Path		<input type="checkbox"/> Pharma Code <input type="checkbox"/> Reference Sample <input type="checkbox"/> Backsheet Printing <input type="checkbox"/> Change Path	