FRM-0362 Rev. 00

Request for Packing and Labelling Form- Non Sterile Pastille Medicine Products

Batch Number (Steritech use only)	Int: Date:

Customer Details

Company Name:		Contact Name:	
Contact Number:		Email:	
Address:			

Consignment Details

P.O Number: (if applicable)		ETA to Steritech – Date: (if not already):	
Product Name:		Bulk Batch Number:	
		Producing Country:	
Weight per pastille (g): (Enter to 2 decimal places)			
Total weight of bulk pastilles (kg): (Enter to 2 decimal places)			
Quantity of individual pastilles in the bulk batch:			
Individual pastille shape: (tick one only)	☐ Round ☐ Cube ☐ Other (please specify):		

Bulk batch (TGO 93) tested at GMP approved lab prior to Steritech?

☐ No – Steritech to send bulk sample to GMP-approved, Steritech-evaluated onshore lab for testing.

☐ Yes – Test lab COA(s) attached.

Have the bulk pastilles been imported under Steritech's ODC import license?

☐ No ☐ Yes – Import permit number:

Manufacturing Requirements for Finished Product

Primary Packaging

If Steritech supplied (tick one only):

◯ Black 250ml HDPE Jar ◯ White 250ml HDPE Jar ◯ Glass (amber) 250ml Jar ◯ PE Pouch

◯ Other (please specify):

If Customer supplied (tick one only):

◯ Jar and Lid (please specify)

Material: Colour: Volume (Jar): ml Diameter (Lid): mm

◯ Pouch (please specify)

Material: Colour: Dimensions:

Primary Packaging Additives

◯ No ◯ Yes (please specify):

Secondary Packaging

◯ No ◯ Yes

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Quantity and Label Details

Quantity of pastilles per finished unit:

Primary packed unit net target weight (g):

Product name as per label:

Label claim potency:

- ☐ THC active only (specify dose): mg / unit
- ☐ CBD active only (specify dose): mg / unit
- ☐ Balanced (specify dose): mg / unit THC and mg / unit CBD
- ☐ Other (please specify active): mg / unit

NOTE: Steritech will send bulk samples for cannabinoid testing prior to packing commencement.

Steritech to perform Release for Supply?

☐ No ☐ Yes – specify market:

If Yes…

Is the release to occur against client-owned stability data?

☐ No ☐ Yes – Report Reference (and copy provided to Steritech):

Are there any marketing authorisations that the product requires?

☐ No ☐ Yes (please specify):

Does the sponsor require a copy of Steritech's MRA certificate?

☐ No ☐ Yes (specify market):

Is the finished product to be exported under Steritech's ODC export license?

☐ Not applicable ☐ No ☐ Yes – Export permit number:

Additional Comments

☐ No ☐ Yes (please specify):

Customer Declaration

I hereby authorise Steritech Pty Ltd to arrange the manufacturing of the above-nominated goods. I confirm that the information provided is accurate and acknowledge that the manufacturing will be conducted in accordance with the terms of the relevant Steritech Packing, Labelling, and Release For Supply (if applicable) Agreements. Furthermore, I confirm that I have read, understood, and agree to comply with all conditions outlined on this form applicable to the designated Steritech manufacturing site.

Name:

Signature: Date:

Submission

This form must be fully completed, signed, and emailed to the relevant Steritech site before the service request can be scheduled. Any 'if applicable' fields left blank will be considered non-applicable. Discrepancies in the information provided will delay scheduling until all details are clarified and corrected.

Please email completed form to: Steritech **Merrifield** (MRF) **mrfpacking@steritech.com.au**