Request for Packing and Labelling Form- Non-Sterile Herbal Medicine Product

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:		Flower Batch Number:	
Strain Name:		Grower Country:	
Total Weight of Flower (kgs): (Enter to 3 decimal places)			

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.

Has the Flower been irradiated by a party other than Steritech?

☐ No ☐ Yes – treatment certificate attached.

Has the Flower 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 (tick as needed)

◯ None

◯ Humidity pack (please specify) Strength: % No. of packs in each unit:

◯ Other (please specify):

Secondary Packaging

◯ No ◯ Yes

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Weight and Label Details

Primary packed unit net target weight (g):

Product name as per label:

Label claim potency:

- ☐ THC active only (specify percentage): ____ %
- ☐ CBD active only (specify percentage): ____ %
- ☐ Balanced (specify percentage): ____ % THC and ____ % CBD
- ☐ Other (please specify active): ____ %

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
- Steritech **Narangba** (QLD) qldpacking@steritech.com.au
- Steritech **Dandenong** (VIC) danvault@steritech.com.au