

**Annexure-I**  
**Quarantined Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
<b>QUALITY ASSURANCE DEPARTMENT</b>			
<b>Material :</b>			
<b>Code No. :</b>		<b>GRN No. :</b>	
<b>Batch No. :</b>			
<b>Mfr. Name :</b>			
<b>Supplier :</b>			
<b>Quantity :</b>		<b>Container No. :      of</b>	
<b>Mfg. Date :</b>		<b>Exp. Date :</b>	
<b>Storage :</b>			
<b>QUARANTINED</b>			
<b>Issued By : _____ Date : _____</b>			

(ORANGE COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-II**  
**Approved Label**

Form No.: XX	Version No.: 01
117 Adams Street, Brooklyn, NY 11201, USA	
<b>QUALITY ASSURANCE DEPARTMENT</b>	
<b>Product Name</b> :	
<b>Batch No.</b> :	
<b>Status</b> :	
<h1 style="margin: 0;">APPROVED</h1> <p style="margin: 0; font-size: small;">(WORK IN PROCESS)</p>	
<b>Issued By:</b> _____ <b>Date</b> <b>:</b> _____	

**(BLUE COLOR)**

**Size (L X W): 94.00 X 93.11 mm**

**Annexure-III**  
**Sampled Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
QUALITY ASSURANCE DEPARTMENT	
SAMPLED	
Sampled By : _____ Date : _____	

( YELLOW COLOR)

Size (L X W): 94.00 X 50.00 mm

**Annexure-IV**

**Hold Label**

Form No.: SOP/QCOM/008/IV		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
<b>QUALITY ASSURANCE DEPARTMENT</b>			
<b>RM</b>	<b>PM</b>	<b>WIP</b>	<b>FG</b>
<b>Name</b> :			
<b>Remarks</b> :			
<b>HOLD</b>			
<b>Issued By</b> : _____ <b>Date</b> : _____			

**(ORANGE COLOR)**

**Size (L X W): 94.00 X 93.11 mm**

**Annexure-V**  
**Passed Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
<b>QUALITY ASSURANCE DEPARTMENT</b>	
<b>Material :</b>	
<b>Code No. :</b>	<b>Mfg. Batch No. :</b>
<b>GRN No. :</b>	<b>Lab Control No. :</b>
<b>Quantity :</b>	<b>Container No. :        of</b>
<b>Potency :</b>	<b>Retest Date :</b>
<b>Mfg. Date :</b>	<b>Exp. Date :</b>
<b>Storage Condition :</b>	
PASSED	
<b>Checked</b> <b>By :</b> _____ <b>Date :</b> _____	

(GREEN COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-VI**


**Rejected Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA			
<b>QUALITY ASSURANCE DEPARTMENT</b>			
Material : _____			
Code No : _____		Mfg. Batch No. : _____	
GRN No. : _____		Lab Control No.: _____	
Quantity : _____		Container No. : _____ of _____	
Mfg. Date: _____		Exp. Date : _____	
Reason of Rejection : _____			
<b>REJECTED</b>			
Checked By : _____ Date : _____			

( RED COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-VII**  
**Under Retest Label**

Form No.: XX	Version No.: 01
	<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA
QUALITY ASSURANCE DEPARTMENT	
<b>UNDER RETEST</b>	
Issued By : _____ Date : _____	

( YELLOW COLOR)

Size (L X W): 94.00 X 50.00 mm

**Annexure-VIII**  
**Returned Label**

Form No.: XX	Version No.:01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
<b>QUALITY ASSURANCE DEPARTMENT</b>	
<b>Material</b>	: _____
<b>Batch No.</b>	: _____
<b>Lab Control No.</b>	: _____
	: _____
<b>Quantity</b>	: _____
<b>RETURNED</b>	
<b>Checked By</b> : _____ <b>Date</b> : _____	

( WHITE COLOR)

Size (L X W): 94.00 X 93.11 mm



**Annexure-IX**

**Cleaned Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
PRODUCTION DEPARTMENT			
<b>CLEANED</b>			
Equipment Name			
:			
Equipment ID	:		
Previous Product	:		
:			
Batch No.	:		
:			
Cleaned by	:		Date : _____
Checked by	:		Date : _____
Use On or Before	:		
:			
Verified by	:		Date : _____
<b><u>To be used for</u></b>			
Product Name	:		
Batch No.	:		

**(GREEN COLOR)**

**Size (L X W): 94.00 X 93.11 mm**

**Annexure-X**

**Partially Cleaned Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
PRODUCTION DEPARTMENT			
<b>PARTIALLY CLEANED</b>			
Equipment Name			
:			
Equipment ID	:		
Previous Product	:		
:			
Batch No.	:		
:			
Cleaned by	:		Date :
Checked by	:		Date :
Use On or Before	:		
:			
Verified by	:		Date :
<u>To be used for</u>			
Product Name	:		
Batch No.	:		

**(YELLOW COLOR)**

**Size (L X W): 94.00 X 93.11 mm**

**Annexure-XI**

**To Be Cleaned Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA			
<b>TO BE CLEANED</b>			
Previous	Product		
:			
Batch No.	:		
Signature	:	Date	:

**(ORANGE COLOR)**

**Size (L X W): 90.00 X 50.00 mm**

**Annexure-XII**

**Loose Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
PRODUCTION DEPARTMENT			
<b>LOOSE LABEL</b>			
Product	:		
Batch No.	:		
Status	:		
Mfg. Date	:	Exp. Date	:
Cont. No.	:	of	Gross wt. :
Tare wt.	:	Net wt.	:
Checked by	:	Date	:

**(WHITE COLOR)**

Size (L X W): 94.00 X 93.11 mm

**Annexure-XIII**

**Material Dispensing Slip Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b>	
117 Adams Street, Brooklyn, NY 11201, USA	
PRODUCTION DEPARTMENT	
<b>MATERIAL DISPENSING SLIP</b>	
Balance No. :	Operation: _____
Material :	_____
Code :	Lab. Control No.: _____
Product :	_____
Batch No. :	Batch Size: _____
Gross wt. :	Tare wt. : _____
Net wt. :	Container No. : _____ of _____
Dispensed by : _____	Checked by : _____ Verified by : _____

(WHITE COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-XIV**

**Process Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
<b>PROCESS LABEL</b>			
Product	:		
Batch No.	:	Batch Size :	
Status	:		
Mfg. Date	:	Exp. Date :	
Cont. No.	:	Gross wt. :	
Tare wt.	:	Net wt. :	
Checked by	:	Date	:

(WHITE COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-XV**

**Product Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
<b>PRODUCTION DEPARTMENT</b>	
<b>PRODUCT LABEL</b>	
Product Name :	
Batch No. :	
Mfg. Date :	
Exp. Date :	
Pack Quantity :	
Sr. No. :	Packed by:
Storage Condition :	

(WHITE COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-XVI**

**Area / Equipment Label**

Form No.: XX		Version No.: 01	
<b>XX PHARMACEUTICALS LIMITED</b>			
117 Adams Street, Brooklyn, NY 11201, USA			
<b>PRODUCTION DEPARTMENT</b>			
<b>AREA/ EQUIPMENT</b>			
Product : _____			
Batch No. : _____ Batch Size : _____			
Status : _____			
Checked by : _____ Date : _____			

(GREEN COLOR)

Size (L X W): 94.00 X 93.11 mm



**Annexure-XVII**

**Sample Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b>	
117 Adams Street, Brooklyn, NY 11201, USA	
<b>QUALITY CONTROL</b>	
<b>SAMPLE</b>	
Material/ Product :	
Batch/ Lot No. :	
Lab Control No. :	
Qty./ Batch Size :	
Mfg. Date :	
Exp. Date :	
Sampled by & Date :	

(WHITE COLOR)

Size (L X W): 94.00 X 93.11 mm

**Annexure-XVIII**

**Retention Sample Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
<b>QUALITY CONTROL</b>	
<b>RETENTION SAMPLE</b>	
Material/ Product :	
Batch/ Lot No. :	
Lab. Control No. :	
Qty./ Batch Size :	
Mfg. Date :	
Exp. Date :	
Sampled by & Date :	

(WHITE COLOR)

Size (L X W): 94.00 X 93.11 mm

Annexure-XIX

Cleaned Label

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
<b>CLEANED</b>	
Signature	Date
:	:

(GREEN COLOR)

Size (L X W): 90.00 X 50.00 mm

**Annexure-XX**

**Under Test Label**

Form No.: XX	Version No.: 01
<b>XX PHARMACEUTICALS LIMITED</b> 117 Adams Street, Brooklyn, NY 11201, USA	
<b>QUALITY ASSURANCE DEPARTMENT</b>	
<b>UNDER TEST</b>	
Issued By : _____	Date : _____

**(YELLOW COLOR)**

**Size (L X W): 94.00 X 50.00 mm**