



*Your Well-being, Our Priority.*

## **SAMPLE SCHEDULE FOR REGISTRATION AND RE-REGISTRATION OF PRODUCTS**

### **SOLID DOSAGE FORMS (TABLETS/ CAPSULES)**

<b>PACK SIZE</b>	<b>QUANTITY</b>
1X 1	200
1X2	100
1X6	30
1X10	20
10X 10	4
1X 20	10
3X 25	6
1X30	7
1X 50	4
1X 100	3
1X 200	2
1X 500	2
1X 1000	2

MINIMUM OF FORTY (40) TABLETS MAY BE REQUIRED FOR SOME PACKAGES.



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**LIQUID DOSAGE FORMS (SYRUPS, SUSPENSIONS, SOLUTION)**

<b>PACK SIZE</b>	<b>QUANTITY</b>
< 100ML	10
1X 100ML	10
1X150ML	10
1X 200ML	10
1X 250ML	10
1X 500ML	6
1X 1000ML	2
1X 2L	2
1X 4.5L	2

**SMALL VOLUME PARENTERALS (< 100ML)**

<b>PACK SIZE</b>	<b>QUANTITY</b>
1X 5	20
1X 10	10
1X 20	5
1X 50	4
1X 100	2



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**LARGE VOLUME PARENTERALS (100ML AND ABOVE)**

<b>PACK SIZE</b>	<b>QUANTITY</b>
100ML-1L	6
>1L	4

**DRY POWDERS FOR RE- CONSTITUTION (PARENTERALS)**

<b>WEIGHT</b>	<b>QUANTITY</b>
100MG	50 VIALS
>100MG- 500MG	30 VIALS
>500MG-1G	20 VIALS
MULTI DOSE DEPOT PRPARATIONS	5 VIALS

**TOPICAL APPLICATIONS (CREAMS, LOTIONS, OINTMENTS ETC)**

<b>PACK SIZE</b>	<b>QUANTITY</b>
10G	12
15G	12
20G	12
50G	12
100G	12
500G	6
>500G	4