

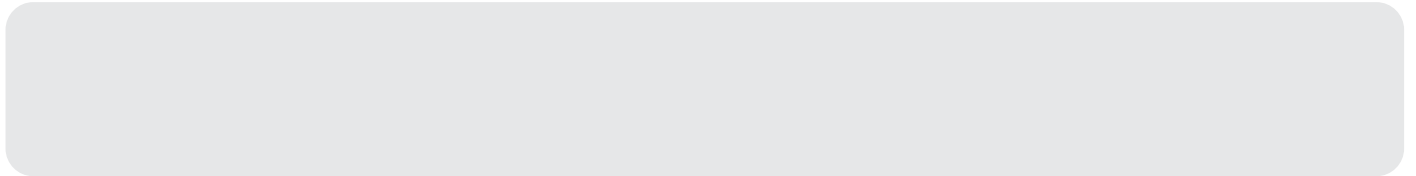


**FLEXI-Pharma.com**  
FLEXI PRINTING PLATE COMPANY, INC.

Lot & Exp. Printmat

Date

PO

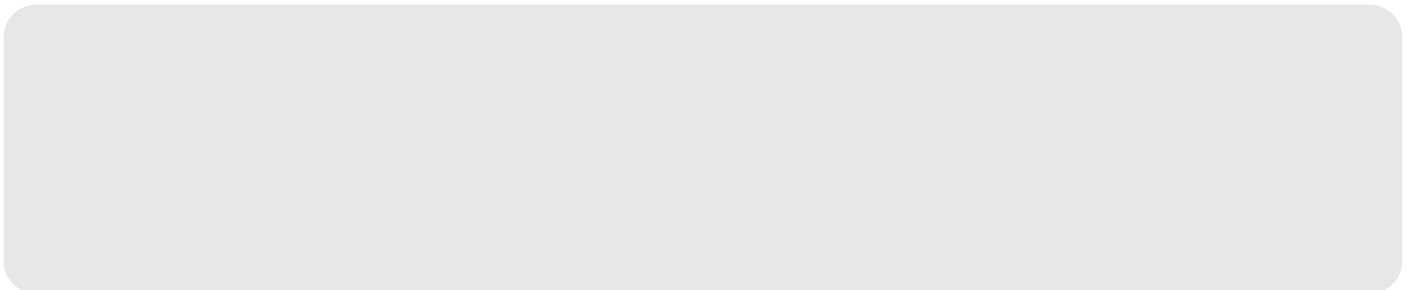
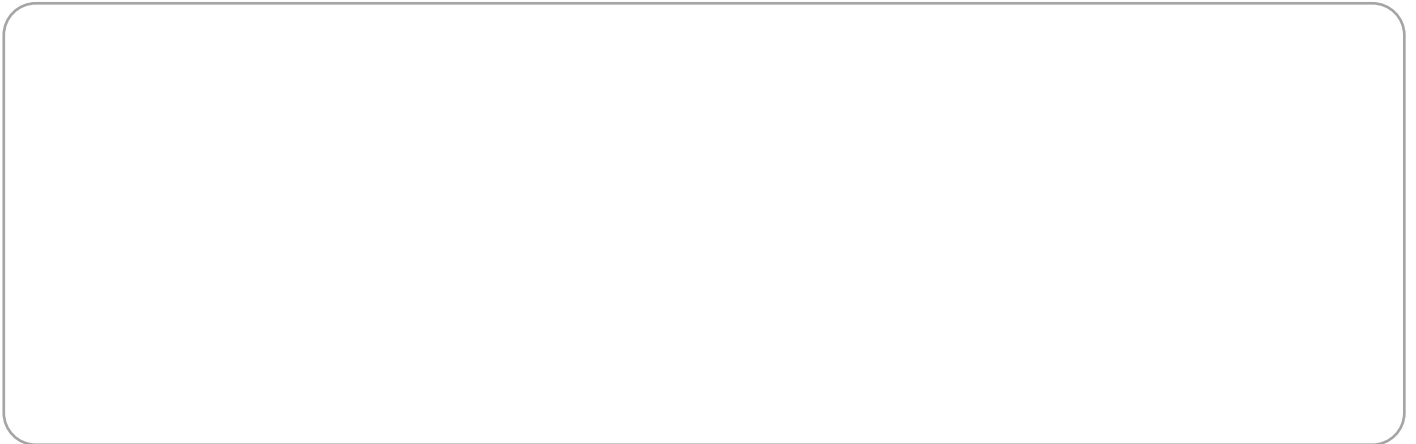


Lot

Exp.

Printmat Qty

Delivery Date



**One Drug 150 mg**

Lot Exp:  
N (01) 123 12345 12345 1

PEEL →

PEEL →

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Lot Exp:  
N (01) 123 12345 12345 1

PEEL →

PEEL →

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Lot Exp:  
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WARNING: Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children under 6. Keep this product out of the reach of children. In case of accidental overdose, call a doctor or poison control center immediately. Peel from center corners to open.



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**Certificate of Conformance**

**The enclosed print mats have been made to conform to the quality standards as prescribed by the Quality System.**

Order# \_\_\_\_\_

PO# \_\_\_\_\_

Date \_\_\_\_\_

Item Description \_\_\_\_\_

Item Code \_\_\_\_\_

Lot# \_\_\_\_\_

Exp. \_\_\_\_\_

Plate Material \_\_\_\_\_  +/- 0.020mm Confirmed

Sticky Back \_\_\_\_\_  +/- 0.001" Confirmed

No. Of Plates \_\_\_\_\_

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**Statement: This document certifies that the accompanying printing plates conform to the above requested customer specifications.**

Shipment Approved by \_\_\_\_\_ Date \_\_\_\_\_

### Customer Service

- Receive customers order, assign a Flexi job#
- Print a customer approved proof
- Compare Drug Name with customer order
- Check Lot# format
- Check Expiration date format

Initial _____
Date _____

### Graphics

- Compare Drug name and code with the PO
- Compare entered data with the PO
- Open Drug Master file
- Check lot and exp for correct format
- Apply new lot and exp
- Print a proof with the new lot and exp

Initial _____
Date _____

### Plate

- Review Digital plate requirements
- Correct Material
- Correct relief
- Check for cut and punch requirements
- Compare plate content with provided PDF proof
- Check for correct number of plates

Initial _____
Date _____

### Quality Check

- Review Digital plate requirements
- Correct Material
- Correct relief
- Check for cut and punch requirements
- Compare plate content with provided PDF proof
- Check for correct number of plates

Initial _____
Date _____

### Shipping

- Correct Material
- Check for cut and punch requirements
- Compare plate content with provided packing slips
- Check for correct number of plates
- Check for special packing instructions check list

Initial _____
Date _____

PO:

Description:

Lot#:

Exp. Date:

Number of Printmats: