

| SECTION A - TYPE CLASSIFICATION (TO BE COMPLETED BY SPONSOR)                                                                                          |  |           |                                                       | DMMB CONTROL NUMBER      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-------------------------------------------------------|--------------------------|
| 1. RECOMMENDED ITEM IDENTIFICATION: STRENGTH, PACKAGING, UNIT, ETC. (SEE)                                                                             |  |           |                                                       |                          |
| 2. DESCRIPTION AND USE OF ITEM (FOR DRUGS, INCLUDE EFFECTIVE DATE OF NEW DRUG APPLICATION AND THERAPEUTIC CLASSIFICATION)                             |  |           |                                                       |                          |
| 3. A. MANUFACTURER(S) AND ADDRESS(ES)      TRADE NAME      CAT. REF.      STRENGTH/PACKAGING      PRICE                                               |  |           |                                                       |                          |
| B. FEDERAL SUPPLY SCHEDULE, CONTRACT NUMBER AND PRICE                                                                                                 |  |           | C. LENGTH OF TIME ITEM HAS BEEN COMMERCIALY AVAILABLE |                          |
| D. \$ SALES TO MILITARY      ARMY      NAVY      AIR FORCE      TIME PERIOD                                                                           |  |           |                                                       |                          |
| 4. PRELIMINARY MILITARY TEST, OR DEVELOPMENT (WHEN, WHERE, AND WHAT RESULTS)                                                                          |  |           |                                                       |                          |
| 5. SIMILARITY OR DIFFERENCE TO STOCK LISTED ITEMS (SHOW CURRENT DEMAND AND \$ VALUE FOR SIMILAR ITEM)                                                 |  |           |                                                       |                          |
| 6. WHAT ARE THE PROFESSIONAL, LOGISTIC OR COST ADVANTAGES OF THE ITEM                                                                                 |  |           |                                                       |                          |
| 7. WHAT STOCK LISTED ITEMS ARE ACCEPTABLE AS SUBSTITUTES FOR ITEM      IN WHAT RATIO                                                                  |  |           |                                                       |                          |
| 8. EXISTING ITEMS TO BE REPLACED(R)      FSN OF SET, KIT, OUTFIT                                                                                      |  | QUANTITY  |                                                       | REPLACEMENT RATIO (IF    |
| SUPPLEMENTED(S)      (R)      (S)      CONTAINING EXISTING ITEM                                                                                       |  | CONTAINED |                                                       | NOT DESIRED, ENTER NONE) |
| 9. HAS ITEM BEEN PREVIOUSLY PRESENTED      IF SO GIVE DATE, FILE REFERENCE AND COMMENT OF EACH SERVICE                                                |  |           |                                                       |                          |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES                                                                                         |  |           |                                                       |                          |
| 10. RELATION TO STOCK LISTED ITEMS (REPAIR PART, COMPONENT, ACCESSORY, OR SUPPLY) AND FSN(S) OF RELATED ITEMS.                                        |  |           |                                                       |                          |
| <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> YES                                                                                  |  |           |                                                       |                          |
| 11. EXISTING ITEMS WHICH MUST BE MODIFIED AND NEW ITEMS WHICH MUST BE CLASSIFIED.                                                                     |  |           |                                                       |                          |
| <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> YES                                                                                  |  |           |                                                       |                          |
| 12. STATE REQUIREMENTS FOR SERVICE DATA, REPAIR PARTS PAMPHLET, HIGH MORTALITY PARTS TO BE SUPPLIED WITH ITEM AND MINIMUM PARTS TO BE TYPE CLASSIFIED |  |           |                                                       |                          |
| <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> YES                                                                                  |  |           |                                                       |                          |