### PARTICULARS TO APPEAR ON THE OUTER PACKAGING

BOX x 50 ampoules x 2 mL [4 mL]

#### NAME OF THE MEDICINAL PRODUCT 1.

Zophralen 4 mg/2 mL Solution for Injection [Zophralen 8 mg/4 mL Solution for Injection]

Ondansetron

(DEMO S.A.), HA607

#### STATEMENT OF ACTIVE SUBSTANCE(S)

Each 2 mL [4 mL] ampoule contains ondansetron hydrochloride dihydrate equivalent to 4 mg [8 mg] of ondansetron.

#### 3. LIST OF EXCIPIENTS

Citric acid monohydrate, sodium citrate dihydrate, sodium chloride and water for injections.

#### 4. PHARMACEUTICAL FORM AND CONTENTS

Solution for Injection

50 x 2 mL [4 mL] Amp

## METHOD AND ROUTE(S) OF ADMINISTRATION

For intravenous or intramuscular administration

#### 6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

#### 7. OTHER SPECIAL WARNING(S), IF NECESSARY

Read the package leaflet before use.

#### 8. **EXPIRY DATE**

EXP: XXXX

#### 9. **SPECIAL STORAGE CONDITIONS**

Store below 25°C.

## SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

### 11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

DEMO S.A. Pharmaceutical Industry

21st km National Road Athens – Lamia, 145 68 Krioneri, Attiki, Greece

Tel.: +30 (210) 81 61 802 Fax: +30 (210) 81 61 587

# 12. MARKETING AUTHORISATION NUMBER(S)

4 mg/2 mL: 40893/09/19-02-2010 GR [8 mg/4 mL: 40895/09/19-02-2010] GR

## 13. BATCH NUMBER

LOT: XXXXXXX

### 14. GENERAL CLASSIFICATION FOR SUPPLY

General classification for supply in Greece. By limited medical prescription. For hospital use only

## 15. INSTRUCTIONS ON USE



## 16. INFORMATION IN BRAILLE

Not applicable

### 17. UNIQUE IDENTIFIER – 2D BARCODE

Not applicable

## 18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

Not applicable

## MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

ampoule of 2 mL [4 mL]

(DEMO S.A.), HA607

## 1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Zophralen 4 mg/2 mL [Zophralen 8 mg/4 mL]

Ondansetron

# 2. METHOD OF ADMINISTRATION

IV/IM

### 3. EXPIRY DATE

EXP: XXXX

## 4. BATCH NUMBER

LOT: XXXXXXX

## 5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

2 mL 4 mL

## 6. OTHER

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MINIMUM PARTICULARS TO APPEAR ON INTERMEDIATE PACKAGING UNITS	
foil of 2 mL [4 mL]	

# . NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Zophralen 4 mg/2 mL solution for injection [Zophralen 8 mg/4 mL solution for injection]

Ondansetron

## 2. METHOD OF ADMINISTRATION

IV/IM

3. EXPIRY DATE

EXP: XXXX

## 4. BATCH NUMBER

LOT: XXXXXXX

# 5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

2 mL 4 mL

## 6. OTHER

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## 7. NAME OF THE MARKETING AUTHORISATION HOLDER

DEMO S.A. Pharmaceutical Industry