


(240)8989898989  	Expiry date: 31.12.2999 Batch no.: 8989898989 Pat.no.: _____ Investigator: _____ Administration date: _____ Reconstitution date / time: _____
	<b>1 bottle of 2 g granules baloxavir marboxil (40 mg/20 ml)</b> <b>MV43976 / REMAP-CAP</b> For oral use. <b>Take as directed in the protocol. Store below 25°C.</b> After reconstitution with 20 ml water store below 25°C for up to 2 hours. Do not shake the bottle, as doing so would create foam. Keep the bottle tightly closed in order to protect from moisture. Keep bottle in outer carton. Gently swirl the bottle for approximately 1 minute. For clinical trial use only. University Medical Centre Utrecht, Heidelberglaan 100, 3584 CX Utrecht, NL

For External Approval Process

Please read the info below carefully !

**If corrections are required please kindly add your comments and/or corrections on this PDF file (using the "Review & Comment" tool of Adobe Acrobat) or on a separate Word document and attach to your mail.**

To approve the labels, please print them out, sign each page, scan all and send them back as attachment to your Roche contact person by e mail.

- ☐ To be corrected  
☒ Approved

5 March 2025  
 Date

Esmee Kester  
 \_\_\_\_\_  
 Print Name

*Esmee Kester*  
 \_\_\_\_\_  
 Signature

(240)8989898989	Expiry date: 31.12.2999 For expiry date updates see outer container. Batch no.: 8989898989 Pat.no.: _____ Administration date: _____
	<p><b>2 g granules baloxavir marboxil (40 mg/20 ml)</b>  <b>MV43976 / REMAP-CAP</b></p> <p>For oral use. <b>Take as directed in the protocol. Store below 25°C.</b>          Keep bottle in outer carton. For clinical trial use only. University          Medical Centre Utrecht, Heidelberglaan 100, 3584 CX Utrecht, NL</p>

For External Approval Process

Please read the info below carefully !

**If corrections are required please kindly add your comments and/or corrections on this PDF file (using the "Review & Comment" tool of Adobe Acrobat) or on a separate Word document and attach to your mail.**

To approve the labels, please print them out, sign each page, scan all and send them back as attachment to your Roche contact person by e mail.

- ☐ To be corrected  
☒ Approved

5 March 2025  
 Date

Esmee Kester  
 Print Name

Esmee Kester  
 Signature