UNIVERSITI KUALA LUMPUR
ROYAL COLLEGE OF MEDICINE PERAK

FINAL EXAMINATION
MARCH 2026 SEMESTER

COURSE CODE	: RPD21604
COURSE NAME	: DISPENSING TECHNIQUE AND COMMUNICATION
PROGRAMME NAME	: DIPLOMA IN PHARMACY
DATE	: 29 JUNE 2026
TIME	: 02.30 PM – 04.30 PM
DURATION	: 2 HOURS

INSTRUCTIONS TO CANDIDATES

1. Please CAREFULLY read the instructions given in the question paper.
2. This question paper has information printed on both sides of the paper.
3. This question paper consists of TWO (2) sections; Section A and Section B.
4. Answer ALL questions in Section A. For Section B, answer THREE (3) questions where Question 1 and Question 2 are COMPULSORY, answer either Question 3 or Question 4.
5. Please write your answers on the OMR answer script and answer booklet provided.
6. Answer all questions in English language ONLY.

THERE ARE 19 PAGES OF QUESTIONS, EXCLUDING THIS PAGE.

SECTION A (Total: 25 marks)

INSTRUCTION: Answer ALL questions.

Please use the objective answer sheet provided.

1. Which of the following is an activity that involves information retrieval in pharmacy practice?
   A. Refilling prescriptions without review
   B. Preparing TALLman lettering label
   C. Arranging pharmacy shelves by color
   D. Solving clinical drug-related issues

2. What does Pregnancy Category X indicate about a drug?
   A. The drug has mild effects and is safe for short-term use
   B. The drug shows no harm to animals but lacks human data
   C. The drug has proven risks and must not be used in pregnancy
   D. The drug may be used if the benefit outweighs the possible risk

3. Which drug reference uses a Brand & Generic Name Index and Classification Index?
   A. Monthly Index of Medical Specialties (MIMS)
   B. British National Formulary (BNF)
   C. Lexicomp
   D. British Pharmacopeia (BPC)

4. How does knowing the side effect profile of a drug help in patient counseling?
   A. It allows pharmacists to screen prescription faster
   B. It helps suggest lifestyle tips unrelated to treatment
   C. It enables clear advice on what to monitor during use
   D. It avoids the need to talk to patients

5. Which of the following is a proper method for retrieving drug information using BNF?
   A. Use the classification system and alphabetical index
   B. Browse through brand names only
   C. Read promotional content from pharmaceutical companies
   D. Refer to old pricing data from previous editions

6. Why is it useful for pharmacists to retrieve information from sources like BPC?
   A. To compare drugs from online sources
   B. To look for prices of medications
   C. To find clinical guidelines written by patients
   D. To understand official pharmaceutical standards and content

7. What is the maximum validity of a dangerous drug prescription in Malaysia?
   A. 30 days
   B. 60 days
   C. 90 days
   D. 120 days

8. Which professional is legally allowed to prescribe medicines?
   A. Registered pharmacist
   B. Registered medical practitioner
   C. Pharmacy assistant
   D. Registered nurse

9. You received a prescription for Exforge HCT 10/160/25 mg and Hydrochlorothiazide 25mg. You then contacted the prescriber because _____.
   A. both contain diuretics
   B. both contain calcium channel blockers
   C. both contain antihistamines
   D. both contain sulfonylureas

10. A pharmacist receives a prescription for a drug with similar spelling to another medication.

Which step best minimizes dispensing error?

A. Proceed directly to labeling to save time
B. Select container first based on availability
C. Confirm dosage form and strength before selection
D. Skip verification if handwriting is clear

11. Which of the following is the correct order of steps in the filling process?

A. Screening prescription → Labelling → Filling → Final check
B. Labelling → Filling → Screening prescription → Final check
C. Labelling → Filling → Dispense → Final check
D. Screening prescription → Filling → Labelling → Dispense

12. A medication label is missing the expiry date.

What is the most appropriate implication?

A. It affects only patient convenience
B. It violates labeling standards
C. It is acceptable if directions are clear
D. It only affects pharmacy inventory

13. Why must containers be capable of tight re-closure?

A. To improve product appearance
B. To maintain stability
C. To reduce labeling space
D. To simplify dispensing procedures

14. During dispensing, which step ensures legal compliance and proper patient identification?

A. Counting the correct quantity of tablets before packing
B. Choosing an appropriate container based on drug stability
C. Labelling the medicine with patient's name and pharmacy details
D. Using standard pre-printed labels without additional information

15. What type of error occurs when a pharmacist supplies a medication in the wrong formulation to the patient?

A. Prescribing error
B. Dispensing error
C. Administration error
D. Documentation error

16. A patient is prescribed Morphine 5 mg IV every 4 hours for pain. However, the nurse accidentally administers Morphine 5 mg IM instead of IV.
What type of error is this?

A. Monitoring error
B. Prescribing error
C. Dispensing error
D. Administration error

17. A pharmacist assistant accidentally selected Methyldopa instead of Levodopa.
What factor most likely caused this error?

A. Poor handwriting of prescription
B. Similar drug pharmacological class
C. Incomplete patient information
D. Similar drug names

18. According to the Swiss Cheese Model, what happens when multiple system weaknesses align?

A. Errors are prevented at all stages
B. Errors become insignificant to patients
C. System performance improves significantly
D. An error can pass through all defenses and reach the patient

19. During an audit, it was found that several medication errors were not reported. What is the most likely consequence of this practice?

A. Continued risk of similar errors occurring
B. Improved efficiency in medication processes
C. Reduction in healthcare operational costs
D. Reduced documentation workload in the facility

20. Which action is performed as a final step to detect errors before medicines are handed to the patient?

A. Recording patient demographic information in the system
B. Organizing medicines according to storage categories
C. Verifying details against the original prescription order
D. Explaining storage conditions for the supplied medicine

Question 21 to 25 requires the following answer.

A	B	C	D
I and III	II and IV	I, II and III	II, III and IV

21. Which of the following are required components in a valid prescription?
    I. Patient's occupation
    II. Patient full name
    III. Drug dose and frequency
    IV. Prescriber signature

22. During prescription screening, which of the following situations require contacting the prescriber?
    I. Illegible drug name written on the prescription
    II. Potential drug–drug interaction identified
    III. Prescribed dose appears higher than recommended range
    IV. Patient requests a change to a different brand of the same medicine

23. Which of the following tasks are involved in preparing medicines during dispensing?
    I. Extemporaneous preparation if required
    II. Filling the prescribed medicine
    III. Labelling the medicine correctly
    IV. Performing counter-checking

24. Which of the following actions are appropriate when counselling patients during dispensing?
    I. Explaining how and when to take the medicine
    II. Advising on storage and special handling requirements
    III. Providing appropriate dosing devices when needed
    IV. Giving reassurance without checking patient understanding

25. Why is it important to record the name of the dispenser and date on the prescription?

I. To monitor daily patient attendance in the pharmacy

II. To ensure accountability for the dispensing process

III. To determine workload of the staff

IV. To allow tracing of dispensing activities when required

SECTION B (Total: 75 marks)

INSTRUCTION: This section consists of FOUR (4) short answer question (SAQ).
You are required to answer THREE (3) questions in the answer booklet provided.
Question 1 and Question 2 are COMPULSORY.
Answer either Question 3 OR Question 4.

Question 1

At a busy community pharmacy, a 28-year-old woman comes to buy a Bisacodyl® suppository for constipation. The pharmacist assistant briefly explains, "Insert one suppository daily at bedtime," while looking at the computer and attending to other tasks. No further explanation is given.
Three days later, she returns to the pharmacy and says, "This medicine is not helping, and it tastes very bitter."

(a) i. Identify **TWO (2)** communication errors made by the pharmacist assistant. Justify your answers.

(4 marks)

ii. Explain how the teach-back method could have prevented this situation.

(2 marks)

Mr. Tan, a 55-year-old patient with hypertension and diabetes, recently changed from a private hospital to a government clinic. The doctor gives him his usual medications.
At the pharmacy, the waiting time is very long. Mr. Tan feels frustrated and asks the pharmacy staff if his medicines can be delivered to his house, as his neighbour told him about this service.

(b) i. Can Mr. Tan use delivery service immediately? Justify your answer.

(2 marks)

ii. Name **TWO (2)** delivery services available in government facilities.

(2 marks)

iii. State **TWO (2)** disadvantages of the above services.

(2 marks)

iv. State **TWO (2)** Pharmacy Value Added Services (VAS), other than the services mentioned in (b)(ii), that are available in government facilities.

(2 marks)

(c) Provide **THREE (3)** counselling tips for a pregnant woman on medication safety.

(3 marks)

(d) Once insulin is taken out of the fridge, it should be gently rolled in the hands before injection.
Explain the reason for this step.

(2 marks)

An elderly woman comes to the pharmacy and looks upset. She tells you that the price of her regular medication has increased significantly compared to last month. She is worried she may not be able to afford it anymore and asks why the price went up.

(e) Referring to above scenario, describe **TWO (2)** ways pharmacy staff can respond when a customer is upset about a price increase.

(4 marks)

(f) List **TWO (2)** reasons why showing empathy is important in pharmacy counter service.

(2 marks)

Question 2

(a)

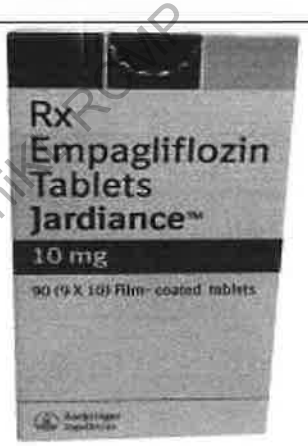
Name: Puan Zaiton	Tab. Metformin XR 1g BD Tab. Janumet XR 50/500mg OD Cap. Celecoxib 200mg TDS / PRN Tab. Pantoprazole 40mg PRN Tab. Co-Diovan 160/12.5mg OD Tab. Perindopril 4mg BD Tab. Paracetamol 1g QID / PRN	3/12
IC: 630204-10-XXXX		
MRN: 36840		
Age: 61 years old		
Date: Current date		
Diagnosis: Osteoarthritis, Hypertension, Type 2 Diabetes Mellitus, Gastric Ulcer	*Dr. Joana* Peg. Perubatan MMC No.:1234 Hospital RCMP	

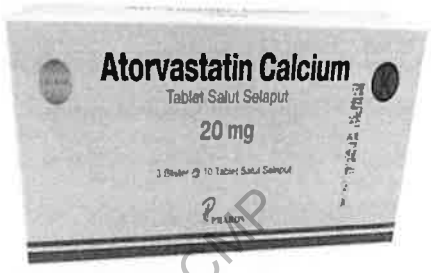
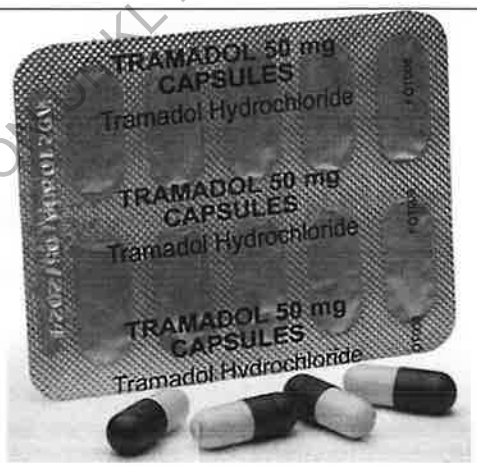
Identify **THREE (3)** errors from the above prescription.
Justify your answer.

(6 marks)

(b) You are to counter check the following labels and medications against the prescription.
Identify **TWO (2)** errors.
Justify your answer.

Name: Ahmad IC: 810203-08-XXXX MRN: 52840 Age: 44 years old Date: 14/04/2025 Diagnosis: Type 2 Diabetes Mellitus, Dyslipidaemia, GERD,	Tab. Metformin 500mg BD Tab. Jardiance 25mg OD 2/12 Tab. Atorvastatin 20mg ON Cap. Tramadol 50mg BD / PRN *Dr. Joana* Peg. Perubatan MMC No.:1234 Hospital RCMP

Label	Medicine
TOLAK UNTUK DIBUKA NAMA Ahmad 1 UBAT BIJI 2 BIJI SEKALI MAKAN KALI SEHARI SEBELUM / SELEPAS MAKAN TARIKH: HOSPITAL NAMA UBAT: T. Metformin 500mg JAUHI DARI KANAK KANAK	
TOLAK UNTUK DIBUKA NAMA Ahmad 1 UBAT BIJI 1 BIJI SEKALI MAKAN KALI SEHARI SEBELUM / SELEPAS MAKAN TARIKH: HOSPITAL NAMA UBAT: T. Jardiance 25mg JAUHI DARI KANAK KANAK	

TOLAK UNTUK DIBUKA NAMA Hafiz 1 / 1 UBAT BIJI — BIJI SEKALI MAKAN — KALI SEHARI — Malam — SEBELUM / SELEPAS MAKAN TARIKH: HOSPITAL NAMA UBAT: T. Atorvastatin 20mg JAUHI DARI KANAK KANAK	
TOLAK UNTUK DIBUKA NAMA Ahmad 1 / 3 UBAT BIJI — BIJI SEKALI MAKAN — KALI SEHARI — SEBELUM / SELEPAS MAKAN TARIKH: HOSPITAL NAMA UBAT: C. Tramadol 50mg JAUHI DARI KANAK KANAK	

(4 marks)

(c) Based on the literature provided in **Appendix 1**, answer the following questions.

i. Ali is prescribed Nexium® 20 mg once daily for Gastroesophageal Reflux Disease (GERD) but he has difficulty in swallowing.
State the appropriate method of Nexium® administration for Ali.

(2 marks)

ii. Explain a precaution that should be taken when Nexium® is prescribed with Digoxin.

(2 marks)

iii. A patient taking Nexium® for more than a year suddenly develops fatigue, seizures, and confusion.
Identify the potential cause of these symptoms and explain the appropriate action.

(2 marks)

(d)

Name : Saif Ayden	
IC No. : 06-5542	Rx
MRN : 60089	*Cap Neurontin 300mg bd*
Age : 38 yrs	*Tab Luvox 100mg on* } 3/52
Date : Current Date	*Tab Norvasc 5mg od*
Diagnosis :	*Dr Uzair Ul-Haq*
	UniKL RCMP Peg Perubatan UniKL RCMP

Drugs provided:

Cap Gemfibrozil 300mg	Tab Atenolol 100mg
Tab Sitagliptin 100mg	Cap Gabapentin 300mg
Tab Amlodipine 10mg	Tab Flunarizine 5mg
Tab Fluvoxamine 50mg	Tab Glibenclamide 5mg
Tab Acarbose 50mg	Tab Allopurinol 300mg

Fill in the label in **Appendix 2** and calculate the quantity for each drugs prescribed. Attach **Appendix 2** with your answer booklet.

(9 marks)

Answer either Question 3 OR Question 4

Question 3

A parent comes to your pharmacy to collect Chlorpheniramine (Piriton®) syrup for their 6-year-old child who has allergy symptoms.

(a) Based on the above scenario, give **FOUR (4)** counselling points to help the parent use the syrup safely and correctly.

(4 marks)

(b) You have dispensed Chloramphenicol eye drops to a patient with eye infection. State **TWO (2)** important storage advice you should give to the patient.

(2 marks)

(c)

Name : Benedict	
IC No. : 08 - 9087	Rx
MRN : 57889	
Age : 4 yrs, B/W : 12kg	*Syrup Motilium 6mg/3mL tds x 15 doses*
Date : Current Date	
Diagnosis :	*Dr Seroja Irdina* UniKL RCMP Peg Perubatan UniKL RCMP

You are provided with Syrup Motilium 25mg/5mL and Syrup BP.

(4 marks)

(d) Prepare 700 mL of a 1:80 potassium permanganate solution from a 20% w/v stock solution. Calculate the volume (mL) of stock solution needed.

(3 marks)

(e) Explain **TWO (2)** limitations of Unit Dose System (UDS).

(4 marks)

(f)

Nama Pesakit: Hans			ALERGI & KESAN ADVERS UBAT (wajib diisi)				
No. K/P: 08-8841			Tarikh	Ubat / Makanan			Nama Pelapor
Umur: 70	Jantina: Lelaki						
R/N: 10119	Wad: 5A						
Berat: 75kg	No. Katil: 3						
Diagnosis:							
Nama Pesakit: Haris			**R/N: 10119**		**Wad: 5A**		**Katil: 3**
Kaedah	Nama Ubat		**REKOD BEKALAN UBAT**				
PO	Ventolin		Tarikh	Kekuatan Ubat	Kuantiti Diisi	Diisi Oleh	Disemak Oleh	Nota
Dos	Frekuensi	Tempoh	A	B	C			
4mg	bd	3/7						
T/tangan & Cop Doktor		Dihentikan Oleh:	T/tangan & Cop Pakar (Bagi Ubat Kategori A)				Disaring Oleh PF:	
			Tarikh				Tarikh	

You are provided with:

Tab. Chlorpheniramine 4mg

Tab. Dexchlorpheniramine 2mg

Tab. Salbutamol 2mg

Tab. Dexamethasone 4mg

i. Identify the drug's content for the above drug chart.

(1 mark)

ii. Fill in the drug chart excerpt by using UDS based on the indicator (A, B & C).

(3 marks)

(g)

Please supply the medicine(s) as below:

No.	Details	Quantity ordered	Quantity supply
1.	Tab. Ponstan 500mg	qs	
	(one item only)		
	Attention:		
	The above drug was supplied to the following patients:		
	1. Rashid i/i tds x 4/7		
	2. Omar 250mg tds x 3/7		

You are provided with:

Tab. Ciprofloxacin 500mg Tab. Azithromycin 500mg

Tab. Levetiracetam 500mg Tab. Mefenamic Acid 500mg

i. Identify the drug's content for the above indent.

(1 mark)

ii. With a complete calculation, calculate the quantity you should supply for the above indent.

(3 marks)

Question 4

A parent comes to your pharmacy to collect Ibuprofen syrup for their 7-year-old child with fever.

(a) Based on the above scenario, give **FOUR (4)** counselling points to help the parent use the syrup safely and correctly.

(4 marks)

(b) You have dispensed Tramadol 50 mg capsules to a patient.
State **TWO (2)** reasons why you must record this supply in the prescription book on the same day.

(2 marks)

(c) You receive an order to supply 10% zinc oxide cream. Stock that available in the pharmacy are 70g of 5% zinc oxide cream and ample stock of 30% zinc oxide cream. Determine the following:

i) Total amount of zinc oxide 10% cream

ii) Amount of zinc oxide 30% cream needed

(4 marks)

(d) Calculate the volume of 60% v/v alcohol solution required to make 3000mL of a 1:16 v/v solution.

(3 marks)

(e) Explain **TWO (2)** advantages of Unit Dose System (UDS).

(4 marks)

(f)

Nama Pesakit: Haris			ALERGI & KESAN ADVERS UBAT (wajib diisi)				
No. K/P: 08-8841			Tarikh	Ubat / Makanan			Nama Pelapor
Umur: 70	Jantina: Lelaki						
R/N: 10119	Wad: 5A						
Berat: 75kg	No. Katil: 3						
Diagnosis:							
Nama Pesakit: Haris			**R/N: 10119**		**Wad: 5A**		**Katil: 3**
Kaedah	Nama Ubat		**REKOD BEKALAN UBAT**				
PO	Vastarel		Tarikh	Kekuatan Ubat	Kuantiti Diisi	Diisi Oleh	Disemak Oleh	Nota
Dos	Frekuensi	Tempoh	D	E	F			
20mg	tds	4/7						
T/tangan & Cop Doktor		Dihentikan Oleh:	T/tangan & Cop Pakar (Bagi Ubat Kategori A) Tarikh				Disaring Oleh PF: Tarikh	

You are provided with:

Tab. Pantoprazole 20mg
Tab. Enalapril 20mg
Tab. Trimetazidine 20mg
Tab. Rosuvastatin 20mg

i. Identify the drug's content for the above drug chart.

(1 mark)

ii. Fill in the drug chart excerpt by using Unit of Use (UOU) system based on the indicator (D, E & F).

(3 marks)

(g)

Please supply the medicine(s) as below:

No.	Details	Quantity ordered	Quantity supply
1.	Tab. Bisolvon 8mg	qs	
	(one item only)		
	Attention:		
	The above drug was supplied to the following patients:		
	1. Rosnah i/i tds x 5/7		
	2. Hajar i/i 8qh x 4/7		

You are provided with:

Tab. Candesartan 8mg
Tab. Telmisartan 80mg
Tab. Ondansetron 8mg
Tab. Bromhexine 8mg

i. Identify the drug's content for the above indent.

(1 mark)

ii. With a complete calculation, calculate the quantity you should supply for the above indent.

(3 marks)

END OF EXAMINATION PAPER

Appendix 1

Nexium 20 mg gastro-resistant tablets

Method of administration

The tablets should be swallowed whole with liquid. The tablets should not be chewed or crushed. For patients who have difficulty in swallowing, the tablets can also be dispersed in half a glass of non-carbonated water. No other liquids should be used as the enteric coating may be dissolved. Stir until the tablets disintegrate and drink the liquid with the pellets immediately or within 30 minutes. Rinse the glass with half a glass of water and drink. The pellets must not be chewed or crushed.

For patients who cannot swallow, the tablets can be dispersed in non-carbonated water and administered through a gastric tube. It is important that the appropriateness of the selected syringe and tube is carefully tested.

▼ 1.1 **Special warnings and precautions for use**

In the presence of any alarm symptom (e.g. significant unintentional weight loss, recurrent vomiting, dysphagia, haematemesis or melaena) and when gastric ulcer is suspected or present, malignancy should be excluded, as treatment with Nexium may alleviate symptoms and delay diagnosis.

Long term use

Patients on long-term treatment (particularly those treated for more than a year) should be kept under regular surveillance.

On demand treatment

Patients on on-demand treatment should be instructed to contact their physician if their symptoms change in character.

***Helicobacter pylori* eradication**

When prescribing esomeprazole for eradication of ***Helicobacter pylori***, possible drug interactions for all components in the triple therapy should be considered. Clarithromycin is a potent inhibitor of CYP3A4 and hence contraindications and interactions for clarithromycin should be considered when the triple therapy is used in patients concurrently taking other drugs metabolised via CYP3A4 such as cisapride.

Gastrointestinal infections

Treatment with proton pump inhibitors may lead to slightly increased risk of gastrointestinal infections such as Salmonella and Campylobacter (see section 5.1).

Absorption of vitamin B12

Esomeprazole, as all acid-blocking medicines, may reduce the absorption of vitamin B12 (cyanocobalamin) due to hypo- or achlorhydria. This should be considered in patients with reduced body stores or risk factors for reduced vitamin B12 absorption on long-term therapy.

Hypomagnesaemia

Severe hypomagnesaemia has been reported in patients treated with proton pump inhibitors (PPIs) like esomeprazole for at least three months, and in most cases for a year. Serious manifestations of hypomagnesaemia such as fatigue, tetany, delirium, convulsions, dizziness and ventricular arrhythmia can occur but they may begin insidiously and be overlooked. In most affected patients, hypomagnesaemia improved after magnesium replacement and discontinuation of the PPI. For patients expected to be on prolonged treatment or who take PPIs with digoxin or drugs that may cause hypomagnesaemia (e.g. diuretics), healthcare professionals should consider measuring magnesium levels before starting PPI treatment and periodically during treatment.

Risk of fracture

Proton pump inhibitors, especially if used in high doses and over long durations (>1 year), may modestly increase the risk of hip, wrist and spine fracture, predominantly in the elderly or in presence of other recognised risk factors.
Observational studies suggest that proton pump inhibitors may increase the overall risk of fracture by 10-40%. Some of this increase may be due to other risk factors. Patients at risk of osteoporosis should receive care according to current clinical guidelines and they should have an adequate intake of vitamin D and calcium.

Subacute cutaneous lupus erythematosus (SCLE)

Proton pump inhibitors are associated with very infrequent cases of SCLE. If lesions occur, especially in sun-exposed areas of the skin, and if accompanied by arthralgia, the patient should seek medical help promptly and the health care professional should consider stopping Nexium. SCLE after previous treatment with a proton pump inhibitor may increase the risk of SCLE with other proton pump inhibitors.

Serious cutaneous adverse reactions (SCARs)

Serious cutaneous adverse reactions (SCARs) such as erythema multiforme (EM), Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN) and drug reaction with eosinophilia and systemic symptoms (DRESS), which can be life-threatening, have been reported very rarely in association with esomeprazole treatment.

Patients should be advised of the signs and symptoms of the severe skin reaction EM/SJS/TEN/DRESS and should seek medical advice from their physician immediately when observing any indicative signs or symptoms.

Esomeprazole should be discontinued immediately upon signs and symptoms of severe skin reactions and additional medical care/close monitoring should be provided as needed.

Re-challenge should not be undertaken in patients with EM/SJS/TEN/DRESS.

▼ 1.2 **Interaction with other medicinal products and other forms of interaction**

Effects of esomeprazole on the pharmacokinetics of other drugs

Methotrexate

When given together with PPIs, methotrexate levels have been reported to increase in some patients. In high-dose methotrexate administration a temporary withdrawal of esomeprazole may need to be considered.

Tacrolimus

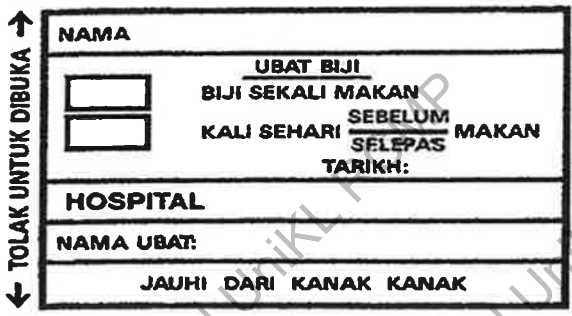
Concomitant administration of esomeprazole has been reported to increase the serum levels of tacrolimus. A reinforced monitoring of tacrolimus concentrations as well as renal function (creatinine clearance) should be performed, and dosage of tacrolimus adjusted if needed.

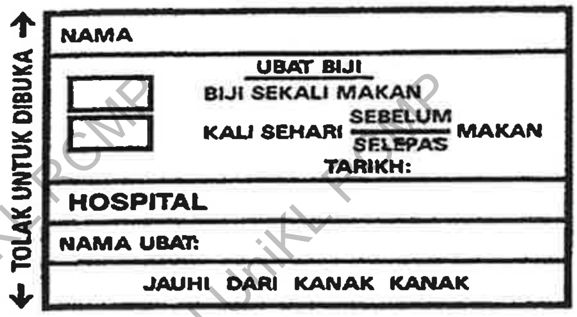
Medicinal products with pH dependent absorption

Gastric acid suppression during treatment with esomeprazole and other PPIs might decrease or increase the absorption of medicinal products with a gastric pH dependent absorption. As with other medicinal products that decrease intragastric acidity, the absorption of medicinal products such as ketoconazole, itraconazole and erlotinib can decrease and the absorption of digoxin can increase during treatment with esomeprazole. Concomitant treatment with omeprazole (20 mg daily) and digoxin in healthy subjects increased the bioavailability of digoxin by 10% (up to 30% in two out of ten subjects). Digoxin toxicity has been rarely reported. However, caution should be exercised when esomeprazole is given at high doses in elderly patients. Therapeutic drug monitoring of digoxin should then be reinforced.

Appendix 2

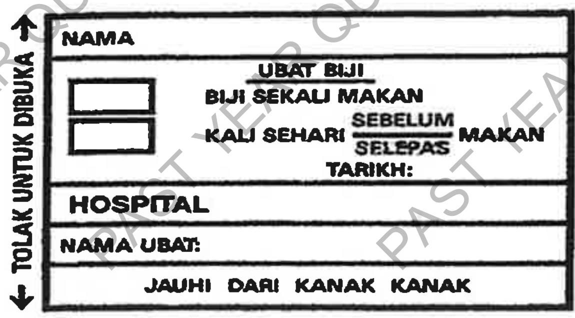
To attach this Appendix 2 with answer booklet.

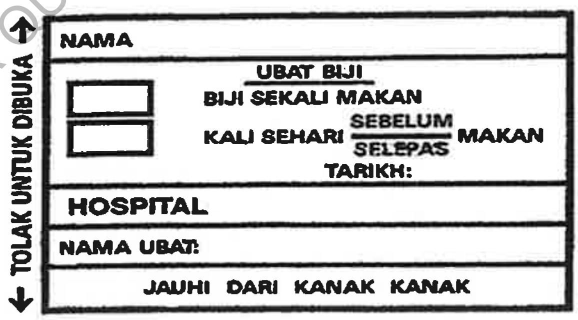




QUANTITY:

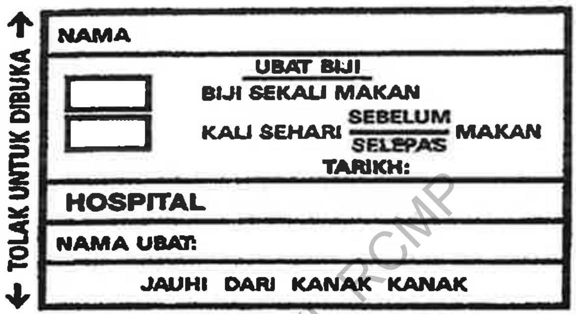
QUANTITY:

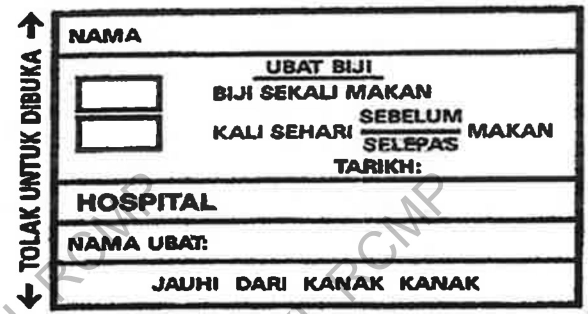




QUANTITY:

QUANTITY:





QUANTITY:

QUANTITY: