

Confidentiality Agreement Request Form

*Please complete CDA request form and send to Liz Rogerio (elizabeth.rogerio@cbre.com) or fax to 954.468.3069 for processing.

AGREEMENT INFORMATION: REQUIRED				
Type of CDA requested: (Please Select)	<input type="checkbox"/> One-way	<input checked="" type="checkbox"/> Two-way	<input type="checkbox"/> Three-way	<input type="checkbox"/> Other (Please Specify):
Description of Subject Matter:	Sale of Doral, FL property			
Describe relationship between the parties:	Teva as Seller... Contracting Party as interested Buyer			
Is this a Business Development related request? (if yes, please see BD field below)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Type(s) of Information to be Disclosed:	<input type="checkbox"/> Product / API <input type="checkbox"/> Manufacturing / Processing <input type="checkbox"/> Clinical Data <input type="checkbox"/> Formulation <input type="checkbox"/> Packaging <input checked="" type="checkbox"/> Other (Please Specify): <u>Site & Building Plans, ENV</u> <input type="checkbox"/> Financial <u>Phase 1 Report, Demolition Quote, Etc.</u>			
Who will be disclosing most of the confidential information?	<input checked="" type="checkbox"/> Teva / Cephalon Party	<input type="checkbox"/> Contracting Party	<input type="checkbox"/> Both Equally	
Additional Comments:				
CONTRACTING PARTY INFORMATION: REQUIRED				
Contracting Party's Full Legal Name: (pls. include "Inc.", "Co.", "Ltd." etc.)	[REDACTED]			
Contracting Party's Full Address:	[REDACTED]			
Contact Person for Notices Section:	[REDACTED]			
Contact Person's <u>Fax No.</u>	[REDACTED]			
TEVA/CEPHALON PARTY INFORMATION: REQUIRED				
Primary Entity: Please Select Only One. (Affiliates are covered in our template)	<input type="checkbox"/> Teva USA <input type="checkbox"/> TBPP R&D, Inc. <input type="checkbox"/> Teva Biopharma. USA, Inc. <input type="checkbox"/> Cephalon, Inc. <input type="checkbox"/> TPM <input type="checkbox"/> Teva Neuroscience, Inc. <input type="checkbox"/> Barr Labs <input type="checkbox"/> Teva Canada Ltd. <input checked="" type="checkbox"/> Ivax & <u>Commins Properties</u>			
Contact Name for Notices Section:	Coert Davis	Contact <u>Fax No.</u> for Notices:	215.591.8807	
Affiliates: <input type="checkbox"/> Exclude Affiliates (Check this box only if you wish to Exclude Affiliates from being covered.)	Business Development: <input type="checkbox"/> If this is a business development related request, please check this box to confirm compliance with Corporate Business Development guidelines from July, 2012.			
Marking Provision: <input checked="" type="checkbox"/> No. All information will be considered confidential. <input type="checkbox"/> Yes. Only information marked confidential will be deemed confidential. <small>[Not to be used or requested if the Teva / Cephalon party is disclosing confidential information unless there is a specific business need.]</small>		Quality Agreement: Check if it is anticipated that a Quality Agreement will be executed as part of this potential relationship <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
REQUESTER INFORMATION REQUIRED				
Requested By:	Coert Davis	Dept: Finance	Extension: x6935	
Date Submitted:	Date Needed:			
Have you already spoken with an Attorney regarding this matter? Please specify.	<input type="checkbox"/> Kirsten Bauer <input checked="" type="checkbox"/> John McCafferty <input type="checkbox"/> Justin Underwood	<input type="checkbox"/> Marlene Shea <input type="checkbox"/> Gail Griffin <input type="checkbox"/> Joel Lubell	<input type="checkbox"/> Brian Shanahan <input type="checkbox"/>	
NOTE: All Agreements require Legal Review. Agreements approved by Legal will contain the Legal Stamp initialed by the reviewing attorney. All Agreements must be signed by one VP and one responsible business person. Once fully executed, please send one <u>fully executed version</u> to the contracting party and return a pdf to contracts@tevapharm.com .				