

*Please provide any additional information on page 2.



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

| MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION | | | |
|--|---------------------------------|---|-----------------------------|
| Is this product (check all that apply): | | | |
| a. Cytotoxic? | <input type="checkbox"/> No | | |
| b. CA Prop. 65 Carcinogen or Reproductive Toxicant? | | | |
| Is the product a CA Prop 65 carcinogen? | <input type="checkbox"/> No | | |
| Is the product a CA Prop 65 reproductive toxicant? | <input type="checkbox"/> No | | |
| Does the product label bear a CA Prop 65 warning? | <input type="checkbox"/> No | | |
| c. Contact Hazard? | <input type="checkbox"/> No | | |
| d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) | <input type="checkbox"/> No | | |
| e. Does the product contain DEHP? | <input type="checkbox"/> No | | |
| Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) | | | |
| a. UN/Identification Number | | | |
| b. Proper Shipping Name | | | |
| c. DOT Hazard Class | | | |
| d. Packing Group | | | |
| e. Inhalation Hazard? | <input type="checkbox"/> No | | |
| Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) | | | |
| a. UN/Identification Number | | | |
| b. Proper Shipping Name | | | |
| c. DOT Hazard Class | | | |
| d. Packing Group | | | |
| e. Inhalation Hazard? | <input type="checkbox"/> No | | |
| Is the product restricted for air shipment? If so, indicate restriction: | | <input type="checkbox"/> No | |
| <input type="checkbox"/> Passenger | | | |
| <input type="checkbox"/> Cargo | | | |
| <input type="checkbox"/> Passenger & Cargo | | | |
| Is this a reportable quantity? <input type="checkbox"/> No | | | |
| RQ Threshold: <input type="text"/> | | | |
| Is this a marine pollutant? <input type="checkbox"/> No | | | |
| Is this product shipped utilizing an authorized DOT exception or Special Permit? | | | |
| <input type="checkbox"/> No | (if yes, identify method below) | | |
| <input type="checkbox"/> Limited Quantity | | | |
| <input type="checkbox"/> Consumer Commodity, ORM-D | | | |
| <input type="checkbox"/> Small Quantity (49 CFR 173.4) | | | |
| <input type="checkbox"/> Special Permit, DOT-SP | | | |
| <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); | | | |
| SP# <input type="text"/> | | | |
| ADD'L STORAGE INFORMATION | | | |
| Is the Product... | | | |
| Controlled Substance? | <input type="checkbox"/> No | Controlled Substance Code | <input type="text"/> |
| Controlled by State(s)? | <input type="checkbox"/> No | Listed Chemical (List I or II) | <input type="checkbox"/> No |
| ARCOS Reportable? | <input type="checkbox"/> No | If yes, indicate which: | <input type="text"/> |
| Schedule No. | <input type="text"/> | Is it a scheduled listed chemical product?: | <input type="checkbox"/> No |
| CLASS OF TRADE RESTRICTION: | | | |
| No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices | | <input type="checkbox"/> Yes | |
| Restricted to retail pharmacy only: | | <input type="text"/> | |
| Restricted to hospital, clinics, and physician offices only: | | <input type="text"/> | |
| Restricted from US territories? (explain in comments) | | <input type="text"/> | |
| Comments: | | <input type="text"/> | |
| MISCELLANEOUS NOTES and/or Image of Product Barcode: | | | |
| <input type="text"/> | | | |

| SDS Hazard Classification | |
|--|---|
| <input type="checkbox"/> Organic | <input type="checkbox"/> Corrosive |
| <input type="checkbox"/> Inorganic | <input type="checkbox"/> Oxidizer |
| <input type="checkbox"/> Steroid/Androgen | <input type="checkbox"/> Contact Hazard |
| Does the product have an Aerosol class? If yes, identify <input type="text"/> No | |
| NFPA Storage Level: <input type="text"/> | |
| NFPA Storage Level: <input type="text"/> | |
| Is the product a NIOSH hazardous drug? <input type="checkbox"/> No | |
| If yes, indicate which: <input type="text"/> | |

| Hazardous Waste Identification | |
|--|--|
| EPA Hazardous Waste Code: <input type="text"/> | Waste Characteristics <input type="text"/> |

| REMS or REGISTRY RESTRICTIONS | |
|--|----------------------|
| Is there a REMS on this product? <input type="checkbox"/> No | |
| If Yes, is it managed with a pharmacy registry? <input type="text"/> | |
| Website URL: <input type="text"/> | |
| Med Guide Required <input type="checkbox"/> No | |
| Limited Distribution Requirement <input type="checkbox"/> No | |
| Comments / Details: (For example, iPledge program?) <input type="text"/> | |
| REMS: | |
| REMS Program Manager Name: | <input type="text"/> |
| Supplier Manages REMS registry exclusively: | <input type="text"/> |
| Wholesale distributor support: | <input type="text"/> |
| Provider Name: | <input type="text"/> |
| Site Enrollment Number assigned by Supplier: | <input type="text"/> |
| DEA #: | <input type="text"/> |
| NCPDP#: | <input type="text"/> |
| NPI #: | <input type="text"/> |
| Comments <input type="text"/> | |
| Registry: | |
| Registry Program Contact Name: | <input type="text"/> |
| Phone: | <input type="text"/> |
| Comments <input type="text"/> | |

| RETURN INSTRUCTIONS | |
|--|--|
| Contact tel. # if product received damaged: <input type="text"/> | |
| Is product returnable for credit: <input type="text"/> | |
| URL/Link to returns policy: <input type="text"/> | |
| Special regulations or returns requirements for this product in certain states? <input type="text"/> | |
| If so, which states? Other requirements? Comments? <input type="text"/> | |



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FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

| Order Method for Designated Drop Ship Product | Standard Order Receipt and Processing |
|---|--|
| <p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p> | <p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p> |
| Expedited Freight Charges or Other Designated Drop Ship Fees: | Overnight and Priority Overnight PO Processing |
| <p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p> | <p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p> |
| Class of Trade Restriction: | |
| <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p> | |
| Other Data Information Required to Process PO: | Return Instructions |
| <p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p> | <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p> |
| Miscellaneous Notes: | ADDITIONAL INFORMATION |
| <input type="text"/> | <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p> |