

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

SDS Hazard Classification	
☐ Organic	☐ Corrosive
☐ Inorganic	☐ Oxidizer
☐ Steroid/Androgen	☐ Contact Hazard
Does the product have an Aerosol class? If yes, identify No	
NFPA Storage Level:	
NFPA Storage Level:	
Is the product a NIOSH hazardous drug? ☐ No	
If yes, indicate which:	

Hazardous Waste Identification	
EPA Hazardous Waste Code:	Waste Characteristics

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

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



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