

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

	Version 2021							Introduction	Type:	Post Launch Change	]	x	Final Version			Date:	7/12/	2021
					PRODUCT INFORMAT	TION				2			SPECIAL HAN	DLING AND STOR	AGE REQUII	REMENTS*		
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Autor and Autor A	Phone Number:	(410) 912-3722					Fax:	(215) - 443 - 964	46		c. Special regulations for product in any states?				No			
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Other exemption - Write In: Is product spackaged?       No       If yes, was original product purchased direct from mf?       Depth       Width       Height       (Cube)       Pieces         Is product sold by manufacturer's exclusive distributor?       No       If yes, was original product       If yes, was origi	Is product exempt from DSCSA?				No						_							
Outroe axemption - Virte in: is product regarkaged?       No       No       If yes, was original product purchased direct from mfr?       Deprin       Width       regy tr       Cuber       Precess         Has FDA granted waiver/exception/exemption for product?       No       Down       1.9       1.9       4       14.44       1         Has FDA granted waiver/exception/exemption for product?       No       Provide source manufacturer for repackaged product       Item/Each:       0.01       1.9       4       14.44       1         Mas FDA granted waiver/exception/exemption for product?       No       Provide source manufacturer for repackaged product       Item/Each:       0.01       1.9       4       14.44       1         Saleable Unit of Measure       Saleable Unit of Measure       Saleable Unit of Measure       Saleable Unit of Measure       1       0.00       4       0.00       4         Mass To Saleable Unit of Measure       Saleable Unit of Measure       1       00359746306328       00059746306328       Vendor #:       0.00       0.0							GCP:	0359746					Weight Lbs.		-	-		
Is product sold by manufacturer's exclusive distributor?       No       purchased direct from mfr?         Has FDA granted waiver/exception/exemption for product?       No       purchased direct from mfr?         If yes, attach documentation from FDA.       Environmentation from FDA.       Environmentation from FDA.         Saleable Unit of Measure       Saleable Quantity       HIBCC       GTIN-14       Unit of Use GTIN-14         Mass To Association Bundle/Inner Pack.       1       0.00       48         Box/Carton/Bundle/Inner Pack.       1       0.00       0.00         X       temeExith       00359746306328       00359746306328       0.00       0.00       0.00         Palate       1       0.00       <					No		K	visional una durat			Hem/Feeh.		•	Depth	Width	Height	(Cube)	Pieces
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	*Please provide any additional inf	ormation on page	2.			(												

## **HDA** Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021 For Desig	nated 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? 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.) e. Does the product contain DEHP? No (If yes, answer a-e below and provide SDS) a. UN/Identification Number	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:       No         NFPA Storage Level:       Interpretent of the product a NIOSH hazardous drug?         Is the product a NIOSH hazardous drug?       No         If yes, indicate which:       Interpretent of the product a NIOSH hazardous drug?					
b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
Is this product regulated for shipment by IATA? No (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: 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 Pervision (listed in Column 7 of 49 CFR 172.101); SP#	Med Guide Required     No       Limited Distribution Requirement     No       Comments / Details: (For example, iPledge program?)     No       REMS:     Phone:       REMS Program Manager Name:     Phone:       Supplier Manages REMS registry exclusively:     Phone:       Wholesale distributor support:     DEA #:       Provider Name:     DEA #:       Site Enrollment Number assigned     NCPDP#:       by Supplier:     NPI #:					
ADD'L STORAGE INFORMATION Is the Product Controlled Substance? No Controlled Substance Code	Comments RETURN INSTRUCTIONS					
Controlled by State(s)?       No       Listed Chemical (List I or II)       No         ARCOS Reportable?       No       If yes, indicate which:       If yes, indicate which:       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         Restricted to retail pharmacy only:       Restricted to hospital, clinics, and physician offices only:         Restricted from US territories? (explain in comments)       Comments:	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?					
MISCELLA	NEOUS NOTES and/or Image of Product Barcode:					



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

Version 2021 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:	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:	Overnight receipt available:         PO Receipt cut off time:         Days of week overnight is available:         Monday         Tuesday         Wednesday         Thursday         Friday
Class of Trade Restriction:	Priority Overnight receipt available: PO Receipt Cut off time:
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)	Saturday Overnight receipt available:       PO Receipt Cut off time:         Order receipt method:       Phone:         Fax:       EDI:         Overnight Fees apply:       Other fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date:	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?