

Signature:



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?	<input type="checkbox"/>	No	
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)		<input type="checkbox"/>	No
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)		<input type="checkbox"/>	No
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:			
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#			
ADD'L STORAGE INFORMATION			
Is the Product...			
Controlled Substance?	<input type="checkbox"/>	No	Controlled Substance Code
Controlled by State(s)?	<input type="checkbox"/>	No	Listed Chemical (List I or II)
ARCOS Reportable?	<input type="checkbox"/>	No	If yes, indicate which:
Schedule No.	<input type="checkbox"/>	No	Is it a scheduled listed chemical product?:
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="checkbox"/>	
Restricted to hospital, clinics, and physician offices only:		<input type="checkbox"/>	
Restricted from US territories? (explain in comments)		<input type="checkbox"/>	
Comments:			
MISCELLANEOUS NOTES and/or Image of Product Barcode:			

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	
NFPA Storage Level:	<input type="checkbox"/> No
NFPA Storage Level:	
Is the product a NIOSH hazardous drug?	
If yes, indicate which:	<input type="checkbox"/> No

Hazardous Waste Identification	
EPA Hazardous Waste Code:	Waste Characteristics

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