



**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? No  
 (If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT or 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?

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 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 by State(s)?

ARCOS Reportable?

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II)

If yes, indicate which:

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 Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

**SDS Hazard Classification**

Organic  Corrosive

Inorganic  Oxidizer

Steroid/Androgen  Contact Hazard

Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug? No

If yes, indicate which:

**Hazardous Waste Identification**

EPA Hazardous Waste Code:

**REMS or REGISTRY RESTRICTIONS**

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Comments / Details: (For example, iPledge program?)

**REMS:** No

REMS Program Manager Name:  Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:

PCPDP #:

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?

**MISCELLANEOUS NOTES and/or Image of Product Barcode:**

**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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. EDI</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 40%;"></td> </tr> <tr> <td>b. Autofax</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td>Fax Number: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>c. Fax</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td>Fax Number: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Phone No.: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Site Address: <input style="width: 100%;" type="text"/></td> </tr> </table> <p>Minimum Order Quantity: <input style="width: 50%;" type="text" value="48"/> Units</p> <p>Supplier's Customer Service Number: <input style="width: 100%;" type="text" value="(410) 912-3722"/></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Phone: <input style="width: 100%;" type="text"/></td> </tr> </table>	a. EDI	<input type="checkbox"/> Yes		b. Autofax	<input type="checkbox"/> Yes	Fax Number: <input style="width: 100%;" type="text"/>	c. Fax	<input type="checkbox"/> Yes	Fax Number: <input style="width: 100%;" type="text"/>	d. Phone only	<input type="checkbox"/>	Phone No.: <input style="width: 100%;" type="text"/>	e. Supplier Web Site only	<input type="checkbox"/>	Site Address: <input style="width: 100%;" type="text"/>	Name: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input style="width: 100%;" type="text"/></p> <p>Shipping lead time of PO: <input style="width: 50%;" type="text"/> Hours <input style="width: 50%;" type="text"/> Days</p> <p>Ships same day for next day receipt: <input style="width: 100%;" type="text"/></p> <p>Ships for second day receipt: <input style="width: 100%;" type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input style="width: 100%;" type="text"/></p>
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Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																	
<p>Expedited freight fees billed with each order: <input style="width: 100%;" type="text"/></p> <p>Drop Ship service fee billed with each order: <input style="width: 100%;" type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input style="width: 100%;" type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p><b>Overnight receipt available:</b> <input style="width: 100%;" type="text"/></p> <p>PO Receipt cut off time: <input style="width: 100%;" type="text"/></p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table> <p><b>Priority Overnight receipt available:</b> <input style="width: 100%;" type="text"/></p> <p>PO Receipt Cut off time: <input style="width: 100%;" type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input style="width: 100%;" type="text"/></p> <p>PO Receipt Cut off time: <input style="width: 100%;" type="text"/></p> <p>Order receipt method:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Phone: <input style="width: 100%;" type="text"/></td> <td style="width: 50%;">Phone #: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Fax: <input style="width: 100%;" type="text"/></td> <td>Fax #: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>EDI: <input style="width: 100%;" type="text"/></td> <td></td> </tr> </table> <p>Overnight Fees apply: <input style="width: 100%;" type="text"/></p> <p>Other fees apply: <input style="width: 100%;" type="text"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	Phone: <input style="width: 100%;" type="text"/>	Phone #: <input style="width: 100%;" type="text"/>	Fax: <input style="width: 100%;" type="text"/>	Fax #: <input style="width: 100%;" type="text"/>	EDI: <input style="width: 100%;" type="text"/>		
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Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																	
<p>Patient Procedure Date: <input style="width: 100%;" type="text"/></p> <p>Physician Name: <input style="width: 100%;" type="text"/></p> <p>Physician/Clinic Phone #: <input style="width: 100%;" type="text"/></p> <p>Physician State License #: <input style="width: 100%;" type="text"/></p> <p>Physician/Clinic DEA #: <input style="width: 100%;" type="text"/></p> <p>Physician/Clinic Specialty: <input style="width: 100%;" type="text"/></p>	<p>Is product order for scheduled patient procedure? <input style="width: 100%;" type="text"/></p> <p>Is product order for restocking purposes? <input style="width: 100%;" type="text"/></p>																	
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