

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 or IATA?
(if yes, answer a-e below and provide SDS) | No |

- | | |
|-----------------------------|--|
| 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)? | No |
| ARCOS Reportable? | No |
| 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

- | | |
|--|---|
| <input type="checkbox"/> Organic
<input type="checkbox"/> Inorganic
<input type="checkbox"/> Steroid/Androgen

<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Corrosive
<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Contact Hazard

Is the product a NIOSH hazardous drug? No
If yes, indicate which: <input style="width: 100%; height: 20px;" type="text"/> |
|--|---|

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: 20%;">a. EDI</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Autofax</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td>Fax Number:</td> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>c. Fax</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td>Fax Number:</td> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>d. Phone only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Phone No.:</td> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Site Address:</td> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p>Minimum Order Quantity: <input style="width: 50px;" type="text" value="24"/></p> <p>Supplier's Customer Service Number: <input style="width: 80%;" type="text" value="(410) 912-3722"/></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Phone:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	a. EDI	<input type="checkbox"/> Yes					b. Autofax	<input type="checkbox"/> Yes	Fax Number:				c. Fax	<input type="checkbox"/> Yes	Fax Number:				d. Phone only	<input type="checkbox"/>	Phone No.:				e. Supplier Web Site only	<input type="checkbox"/>	Site Address:				Name:		Phone:		<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input style="width: 150px;" type="text"/></p> <p>Shipping lead time of PO: <input style="width: 50px;" type="text"/> Hours <input style="width: 50px;" 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>
a. EDI	<input type="checkbox"/> Yes																																		
b. Autofax	<input type="checkbox"/> Yes	Fax Number:																																	
c. Fax	<input type="checkbox"/> Yes	Fax Number:																																	
d. Phone only	<input type="checkbox"/>	Phone No.:																																	
e. Supplier Web Site only	<input type="checkbox"/>	Site Address:																																	
Name:																																			
Phone:																																			
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: 50px;" type="text"/></p> <p>Drop Ship service fee billed with each order: <input style="width: 50px;" type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input style="width: 50px;" type="text"/></p> <p>Comments: <div style="border: 1px solid black; height: 80px; width: 100%;"></div></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input style="width: 150px;" type="text"/></p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Monday</td></tr> <tr><td><input type="checkbox"/> Tuesday</td></tr> <tr><td><input type="checkbox"/> Wednesday</td></tr> <tr><td><input type="checkbox"/> Thursday</td></tr> <tr><td><input type="checkbox"/> Friday</td></tr> </table> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input style="width: 150px;" type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input style="width: 150px;" type="text"/></p> <p>Order receipt method:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Phone:</td> <td style="width: 10%;"></td> <td style="width: 10%;">Phone #:</td> <td style="width: 10%;"></td> </tr> <tr> <td>Fax:</td> <td></td> <td>Fax #:</td> <td></td> </tr> <tr> <td>EDI:</td> <td></td> <td></td> <td></td> </tr> </table> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	Phone:		Phone #:		Fax:		Fax #:		EDI:																				
<input type="checkbox"/> Monday																																			
<input type="checkbox"/> Tuesday																																			
<input type="checkbox"/> Wednesday																																			
<input type="checkbox"/> Thursday																																			
<input type="checkbox"/> Friday																																			
Phone:		Phone #:																																	
Fax:		Fax #:																																	
EDI:																																			
Class of Trade Restriction:	Return Instructions																																		
<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: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p>Contact # if product is received damaged: <input style="width: 100px;" type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input style="width: 150px;" 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? <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>																																		
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																																		
<p>Patient Procedure Date: <input style="width: 100px;" type="text"/></p> <p>Physician Name: <input style="width: 250px;" type="text"/></p> <p>Physician/Clinic Phone #: <input style="width: 150px;" type="text"/></p> <p>Physician State License #: <input style="width: 150px;" type="text"/></p> <p>Physician/Clinic DEA #: <input style="width: 150px;" type="text"/></p> <p>Physician/Clinic Specialty: <input style="width: 150px;" type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>																																		
Miscellaneous Notes:																																			
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>																																			