

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? ☐ 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? ☐ 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 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: ☐ 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#		SDS Hazard Classification <table style="width: 100%;"><tr><td>☐ Organic</td><td>☐ Corrosive</td></tr><tr><td>☐ Inorganic</td><td>☐ Oxidizer</td></tr><tr><td>☐ Steroid/Androgen</td><td>☐ Contact Hazard</td></tr></table> Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Is the product a NIOSH hazardous drug? ☐ No If yes, indicate which:		☐ Organic	☐ Corrosive	☐ Inorganic	☐ Oxidizer	☐ Steroid/Androgen	☐ Contact Hazard
☐ Organic	☐ Corrosive								
☐ Inorganic	☐ Oxidizer								
☐ Steroid/Androgen	☐ Contact Hazard								
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: ☐ No 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: ☐ No 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? ☐ No If so, which states? Other requirements? Comments:									
MISCELLANEOUS NOTES and/or Image of Product Barcode:									

Release DATE



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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: Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight and Priority Overnight PO Processing 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: Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Return Instructions 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? ☐