

*Please provide any additional information on page 2.



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?	☐	No	
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? (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?	☐	No	
Is this product regulated for shipment by 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?	☐	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#			
ADD'L STORAGE INFORMATION			
Is the Product...			
Controlled Substance?	☐ Yes	Controlled Substance Code	1205 (C-II)
Controlled by State(s)?	☐ Yes	Listed Chemical (List I or II)	☐ Yes
ARCOS Reportable?	☐ Yes	If yes, indicate which:	
Schedule No.	☐ 2	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		☐ 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:			
MISCELLANEOUS NOTES and/or Image of Product Barcode:			

SDS Hazard Classification	
☐ Organic	☐ Corrosive
☐ Inorganic	☐ Oxidizer
☐ Steroid/Androgen	☐ Contact Hazard
Does the product have an Aerosol class? If yes, identify NFPA Storage Level:	
NFPA Storage Level:	☐ No
Is the product a NIOSH hazardous drug?	
If yes, indicate which:	☐ 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?	☐ No
Website URL:	
Med Guide Required	
Limited Distribution Requirement	☐ No
Comments / Details: (For example, iPledge program?)	
REMS:	
REMS Program Manager Name:	☐ No
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:	☐ No
Comments	Phone:

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:	☐ No



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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? ☐