



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? 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?  
(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:

- 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) No  
If yes, indicate which:
- 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:

### 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 |
- 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: Yes

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: 100%;" type="text" value="24"/></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: 30%;">Name:</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Phone:</td> <td><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: 100%;" type="text"/> Hours <input style="width: 100%;" 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: 50px;" 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: 30%;">Phone:</td> <td style="width: 30%;"><input style="width: 100%;" type="text"/></td> <td style="width: 40%;">Phone #:</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Fax:</td> <td><input style="width: 100%;" type="text"/></td> <td>Fax #:</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>EDI:</td> <td colspan="3"><input style="width: 100%;" type="text"/></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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Class of Trade Restriction:	Return Instructions																						
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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>																						
Miscellaneous Notes:																							
<input style="width: 100%; height: 100px;" type="text"/>																							