

Date: 6/26/2020



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2020

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)			
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)			
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:			
<input type="checkbox"/> Passenger			
<input type="checkbox"/> Cargo			
<input type="checkbox"/> 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)			
<input type="checkbox"/> Limited Quantity			
<input type="checkbox"/> Consumer Commodity, ORM-D			
<input type="checkbox"/> Small Quantity (49 CFR 173.4)			
<input type="checkbox"/> Special Permit; DOT-SP			
<input type="checkbox"/> 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	1100
Controlled by State(s)?	No	Listed Chemical (List I or II)	No
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		No	
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	
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive
<input checked="" type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> 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:	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 _____	
Limited Distribution Requirement _____	
Comments / Details: (For example, iPledge program?) _____	
REMS:	
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: 866-525-7270	
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? _____	

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										
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="text"/></p> <p>b. Autofax <input type="text"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="text"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="text"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="text"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></p>										
<p>Expedited Freight Charges or Other Designated Drop Ship Fees:</p> <p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight and Priority Overnight PO Processing</p> <p>Overnight receipt available: <input type="text"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table border="1"><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>Priority Overnight receipt available: <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/> Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="text"/></p> <p>Other fees apply: <input type="text"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
<input type="checkbox"/>	Monday										
<input type="checkbox"/>	Tuesday										
<input type="checkbox"/>	Wednesday										
<input type="checkbox"/>	Thursday										
<input type="checkbox"/>	Friday										
<p>Class of Trade Restriction:</p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/></p> <p>Restricted to retail pharmacy only: <input type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text"/></p> <p>Restricted from US territories? (explain in comments) <input type="text"/></p> <p>Comments: <input type="text"/></p>											
<p>Other Data Information Required to Process PO:</p> <p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Return Instructions</p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="text"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>										
<p>Miscellaneous Notes:</p> <p><input type="text"/></p>	<p>ADDITIONAL INFORMATION</p> <p>Is product order for scheduled patient procedure? <input type="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>										