



*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter. PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE

See new p. 3 for Designated Drop Ship Only.

Signature:

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?

Is the product restricted for air shipment? If so, indicate restriction:

☐ Passenger

☐ Cargo

☐ Passenger & Cargo

Is this a reportable quantity? ☐ NoRQ Threshold: Is this a marine pollutant? ☐ NoIs 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

☐ Organic ☐ Corrosive

☐ Inorganic ☐ Oxidizer

☐ Steroid/Androgen ☐ 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:

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: 1-919-767-3292Is product returnable for credit: ☐ YesURL/Link to returns policy: Special regulations or returns requirements for this product in certain states? ☐ NoIf 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	
Purchase orders may be accepted by: a. EDI <input type="text"/> b. Autofax <input type="text"/> c. Fax <input type="text"/> d. Phone only <input type="text"/> e. Supplier Web Site only <input type="text"/> Minimum Order Quantity: <input type="text" value="72"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>		Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="text"/> Ships for second day receipt: <input type="text"/> Ships regular ground for 3-10 days receipt: <input type="text"/>	
Expedited Freight Charges or Other Designated Drop Ship Fees:		Overnight and Priority Overnight PO Processing	
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>		Overnight receipt available: <input type="text"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="text"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="text"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="text"/> Other fees apply: <input type="text"/>	
Class of Trade Restriction:			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/> Restricted to retail pharmacy only: <input type="text"/> Restricted to hospital, clinics, and physician offices only: <input type="text"/> Restricted from US territories? (explain in comments) <input type="text"/> Comments: <input type="text"/>			
Other Data Information Required to Process PO:		Return Instructions	
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>		Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="text"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="text"/> If so, which states? Other requirements? Comments? <input type="text"/>	
Miscellaneous Notes:		ADDITIONAL INFORMATION	
<input type="text"/>		Is product order for scheduled patient procedure? <input type="text"/> Is product order for restocking purposes? <input type="text"/>	