

**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			
<b>Is this product (check all that apply):</b>			
a. Cytotoxic?	<input type="text" value="No"/>		
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	<input type="text" value="No"/>		
Is the product a CA Prop 65 carcinogen?	<input type="text" value="No"/>		
Is the product a CA Prop 65 reproductive toxicant?	<input type="text" value="No"/>		
Does the product label bear a CA Prop 65 warning?	<input type="text" value="No"/>		
c. Contact Hazard?	<input type="text" value="No"/>		
d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.)	<input type="text" value="No"/>		
e. Does the product contain DEHP?	<input type="text" value="No"/>		
<b>Is this product regulated for shipment by DOT?</b> (if yes, answer a-e below and provide SDS)			
a. UN/Identification Number	<input type="text"/>		
b. Proper Shipping Name	<input type="text"/>		
c. DOT Hazard Class	<input type="text"/>		
d. Packing Group	<input type="text"/>		
e. Inhalation Hazard?	<input type="text"/>		
<b>Is this product regulated for shipment by IATA?</b> (if yes, answer a-e below and provide SDS)			
a. UN/Identification Number	<input type="text"/>		
b. Proper Shipping Name	<input type="text"/>		
c. DOT Hazard Class	<input type="text"/>		
d. Packing Group	<input type="text"/>		
e. Inhalation Hazard?	<input type="text"/>		
<b>Is the product restricted for air shipment? If so, indicate restriction:</b>		<input type="text" value="No"/>	
<input type="checkbox"/> Passenger			
<input type="checkbox"/> Cargo			
<input type="checkbox"/> Passenger & Cargo			
<b>Is this a reportable quantity?</b> <input type="text" value="No"/>			
RQ Threshold: <input type="text"/>			
<b>Is this a marine pollutant?</b> <input type="text" value="No"/>			
<b>Is this product shipped utilizing an authorized DOT exception or Special Permit?</b>			
<input type="checkbox"/> 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# <input type="text"/>			
<b>ADD'L STORAGE INFORMATION</b>			
<b>Is the Product...</b>			
Controlled Substance?	<input type="text" value="No"/>	Controlled Substance Code	<input type="text"/>
Controlled by State(s)?	<input type="text" value="No"/>	Listed Chemical (List I or II)	<input type="text" value="No"/>
ARCOS Reportable?	<input type="text" value="No"/>	If yes, indicate which:	<input type="text"/>
Schedule No.	<input type="text"/>	Is it a scheduled listed chemical product?:	<input type="text" value="No"/>
<b>CLASS OF TRADE RESTRICTION:</b>			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices		<input type="text" value="Yes"/>	
Restricted to retail pharmacy only:		<input type="text" value="No"/>	
Restricted to hospital, clinics, and physician offices only:		<input type="text" value="No"/>	
Restricted from US territories? (explain in comments)		<input type="text" value="No"/>	
Comments: <input type="text"/>			
<b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b>			
<input type="text"/>			

SDS Hazard Classification	
<input checked="" type="checkbox"/> Organic	<input type="text" value="Corrosive"/>
<input type="checkbox"/> Inorganic	<input type="text" value="Oxidizer"/>
<input type="checkbox"/> Steroid/Androgen	<input type="text" value="Contact Hazard"/>
Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text" value="No"/>	
NFPA Storage Level: <input type="text"/>	
Is the product a NIOSH hazardous drug? <input type="text" value="No"/>	
If yes, indicate which: <input type="text"/>	

Hazardous Waste Identification	
EPA Hazardous Waste Code: <input type="text"/>	Waste Characteristics <input type="text"/>

REMS or REGISTRY RESTRICTIONS	
<b>Is there a REMS on this product?</b> <input type="text" value="No"/>	
If Yes, is it managed with a pharmacy registry? <input type="text"/>	
Website URL: <input type="text"/>	
<b>Med Guide Required</b> <input type="text" value="No"/>	
Limited Distribution Requirement <input type="text"/>	
Comments / Details: (For example, iPledge program?) <input type="text"/>	
<b>REMS:</b> <input type="text" value="No"/>	
REMS Program Manager Name: <input type="text"/>	Phone: <input type="text"/>
Supplier Manages REMS registry exclusively: <input type="text"/>	
Wholesale distributor support: <input type="text"/>	
Provider Name: <input type="text"/>	DEA #: <input type="text"/>
Site Enrollment Number assigned by Supplier: <input type="text"/>	NCPDP#: <input type="text"/>
	NPI #: <input type="text"/>
Comments <input type="text"/>	
<b>Registry:</b> <input type="text" value="No"/>	
Registry Program Contact Name: <input type="text"/>	Phone: <input type="text"/>
Comments <input type="text"/>	
<b>RETURN INSTRUCTIONS</b>	
Contact tel. # if product received damaged: <input type="text" value="1-866-827-3647"/>	
Is product returnable for credit: <input type="text" value="Yes"/>	
URL/Link to returns policy: <input type="text" value="contact - customerservice@camberpharma.com"/>	
Special regulations or returns requirements for this product in certain states? <input type="text" value="No"/>	
If so, which states? Other requirements? Comments: <input type="text"/>	



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

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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="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></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"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></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="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
<p><b>Expedited Freight Charges or Other Designated Drop Ship Fees:</b></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><b>Overnight and Priority Overnight PO Processing</b></p> <p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>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="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
<p><b>Class of Trade Restriction:</b></p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	
<p><b>Other Data Information Required to Process PO:</b></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><b>Return Instructions</b></p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></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="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
<p><b>Miscellaneous Notes:</b></p> <p><input type="text"/></p>	<p><b>ADDITIONAL INFORMATION</b></p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>