

Date: 

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[illegible]



## Standard Pharmaceutical Product Information (Page 2)

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?	No
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	No
Is the product a CA Prop 65 carcinogen?	
Is the product a CA Prop 65 reproductive toxicant?	
Does the product label bear a CA Prop 65 warning?	
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:	
<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#	
<b>ADD'L STORAGE INFORMATION</b>	
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
<b>CLASS OF TRADE RESTRICTION:</b>	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	No
Restricted to retail pharmacy only:	Yes
Restricted to hospital, clinics, and physician offices only:	No
Restricted from US territories? (explain in comments)	No
Comments:	
<b>SDS Hazard Classification</b>	
<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
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: _____	
Is the product a NIOSH hazardous drug?	
If yes, indicate which: _____	
<b>Hazardous Waste Identification</b>	
EPA Hazardous Waste Code:	N/A
<b>REMS or REGISTRY RESTRICTIONS</b>	
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?)	
_____	
<b>REMS:</b>	
REMS Program Manager Name:	_____ Phone: _____
Supplier Manages REMS registry exclusively:	No
Wholesale distributor support:	No
Provider Name:	_____
Site Enrollment Number assigned by Supplier:	_____
DEA #:	No
PCPDP #:	No
NPI #:	No
Comments _____	
<b>Registry:</b>	
No	
Registry Program Contact Name:	_____ Phone: _____
Comments _____	
<b>RETURN INSTRUCTIONS</b>	
Contact tel. # if product received damaged:	732-529-0430
Is product returnable for credit:	Yes
URL/Link to returns policy:	contact - customerservice@camberpharma.com
Special regulations or returns requirements for this product in certain states?	No
If so, which states? Other requirements? Comments?	
_____	
<b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b>	
_____	

Release DATE



## Standard Pharmaceutical Product Information (Page 3)

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><tr><td>a. EDI</td><td><input type="checkbox"/> Yes</td><td>Fax Number:</td><td></td></tr><tr><td>b. Autofax</td><td><input type="checkbox"/> No</td><td>Fax Number:</td><td></td></tr><tr><td>c. Fax</td><td><input type="checkbox"/> Yes</td><td>Phone No.:</td><td></td></tr><tr><td>d. Phone only</td><td><input type="checkbox"/> No</td><td>Site Address:</td><td></td></tr><tr><td>e. Supplier Web Site only</td><td><input type="checkbox"/> No</td><td></td><td></td></tr></table> <p>Minimum Order Quantity: <input type="text" value="case pack"/></p> <p>Supplier's Customer Service Number: <input type="text" value="732-529-0430 x466 x465 x467 x470"/></p> <p>Contracted 3PL company / contact #:</p> <table><tr><td>Name:</td><td></td></tr><tr><td>Phone:</td><td></td></tr></table>	a. EDI	<input type="checkbox"/> Yes	Fax Number:		b. Autofax	<input type="checkbox"/> No	Fax Number:		c. Fax	<input type="checkbox"/> Yes	Phone No.:		d. Phone only	<input type="checkbox"/> No	Site Address:		e. Supplier Web Site only	<input type="checkbox"/> No			Name:		Phone:		<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text" value="2:30PM"/> Eastern</p> <p>Shipping lead time of PO: <input type="text" value="24/48"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/> No</p> <p>Ships for second day receipt: <input type="checkbox"/> No</p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/> Yes</p>
a. EDI	<input type="checkbox"/> Yes	Fax Number:																							
b. Autofax	<input type="checkbox"/> No	Fax Number:																							
c. Fax	<input type="checkbox"/> Yes	Phone No.:																							
d. Phone only	<input type="checkbox"/> No	Site Address:																							
e. Supplier Web Site only	<input type="checkbox"/> No																								
Name:																									
Phone:																									
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																								
<p>Expedited freight fees billed with each order: <input type="checkbox"/> No</p> <p>Drop Ship service fee billed with each order: <input type="checkbox"/> No</p> <p>Drop Ship miscellaneous fees billed: <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="checkbox"/> Yes</p> <p>PO Receipt cut off time: <input type="text" value="2:30PM"/> Eastern</p> <p>Days of week overnight is available:</p> <table><tr><td><input checked="" type="checkbox"/></td><td>Monday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Tuesday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Wednesday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Thursday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Friday</td></tr></table> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/> Yes</p> <p>PO Receipt Cut off time: <input type="text" value="2:30PM EST"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/> No</p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method:</p> <table><tr><td>Phone:</td><td><input type="checkbox"/> No</td><td>Phone #:</td><td></td></tr><tr><td>Fax:</td><td><input type="checkbox"/> Yes</td><td>Fax #:</td><td><input type="text" value="732-562-8788"/></td></tr><tr><td>EDI:</td><td><input type="checkbox"/> Yes</td><td></td><td></td></tr></table> <p>Overnight Fees apply: <input type="checkbox"/> Yes</p> <p>Other fees apply: <input type="checkbox"/> No</p>	<input checked="" type="checkbox"/>	Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday	Phone:	<input type="checkbox"/> No	Phone #:		Fax:	<input type="checkbox"/> Yes	Fax #:	<input type="text" value="732-562-8788"/>	EDI:	<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/>	Monday																								
<input checked="" type="checkbox"/>	Tuesday																								
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Phone:	<input type="checkbox"/> No	Phone #:																							
Fax:	<input type="checkbox"/> Yes	Fax #:	<input type="text" value="732-562-8788"/>																						
EDI:	<input type="checkbox"/> Yes																								
Class of Trade Restriction:																									
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> No</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> Yes</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>																									
Other Data Information Required to Process PO:	Return Instructions																								
<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>Contact # if product is received damaged: <input type="text" value="732-529-0430"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</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"/> Yes</p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>																								
Miscellaneous Notes:	ADDITIONAL INFORMATION																								
<input type="text"/>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/> No</p> <p>Is product order for restocking purposes? <input type="checkbox"/> No</p>																								