

Standard Pharmaceutical Product Information (Rx Product Only)

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					PRODUCT INFORM	ATION							SPECIAL HANDLI	NG AND ST	ORAGE REQ	UIREMENTS	*	
	Company Name:	Camber Pharmaceut	ticals						Application:		ANDA	a. Temperature – Indic	ate the USP tempera	ture range f	for this produ	ict.		
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Circle Name				arma.com			-	Addross	2.									
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*Please provide any additional information on page 2. See new p. 3 for Designated Drop Ship Only. Signature:				At	tach copy of SAFETY DA	ATA SHEET (SDS) or non haza											
	*Please provide any addition	nal information on page	ge 2.					See new	v p. 3 for Designat	ed Drop Ship	Only.	Signatu	re:					



Standard Pharmaceutical Product Information (Page 2)

	nated Drop Ship Only Products, Please Use Page 3 HAZARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply):	
a. Cytotoxic? No	SDS Hazard Classification
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	
Is the product a CA Prop 65 carcinogen? No	Organic Corrosive
Is the product a CA Prop 65 reproductive toxicant?	Inorganic Oxidizer
Does the product label bear a CA Prop 65 warning?	Steroid/Androgen Contact Hazard
c. Contact Hazard? No	Aerosol Class; Identify NFPA Storage Level:
d. Does this product require special clean-up instructions? No	
(If yes, attach SDS with special instructions.)	Is the product a NIOSH hazardous drug?
e. Does the product contain DEHP? No	If yes, indicate which:
Is this product regulated for shipment by DOT or IATA? No	
(if yes, answer a-e below and provide SDS)	
a. UN/Identification Number	
b. Proper Shipping Name	Hazardous Waste Identification
c. DOT Hazard Class	EPA Hazardous Waste Code:
d. Packing Group	
e. Inhalation Hazard?	
Is the product restricted for air shipment? If so, indicate restriction:	REMS or REGISTRY RESTRICTIONS
Passenger	Is there a REMS on this product? No
Cargo	If Yes, is it managed with a pharmacy registry?
Passenger & Cargo	Website URL:
Is this a reportable quantity? No	
RQ Threshold:	Comments / Details: (For example, iPledge program?)
Is this a marine pollutant? No	
Is this product shipped utilizing an authorized DOT exception or Special Permit?	
No (if yes, identify method below)	REMS:
Limited Quantity	REMS Program Manager Name: Phone:
Consumer Commodity, ORM-D	Supplier Manages REMS registry exclusively: No
Small Quantity (49 CFR 173.4)	Wholesale distributor support: No
Special Permit; DOT-SP	Provider Name:
Special Provision (listed in Column 7 of 49 CFR 172.101);	Site Enrollment Number assigned DEA #: No
SP#	by Supplier: PCPDP #: No
5F#	
ADD'L STORAGE INFORMATION	NPI #: <u>No</u>
Is the Product	Comments
Controlled Substance? No	Protection All
Controlled by State(s)? No	Registry: No
ARCOS Reportable? No	Registry Program Contact Name: Phone:
Schedule No. (inc. N for non-narcotic)	Comments
Controlled Substance Code	
Listed Chemical (List I or II) No	RETURN INSTRUCTIONS
If yes, indicate which:	
Is it a scheduled listed chemical product?: No	Contact tel. # if product received damaged: 732-529-0430
CLASS OF TRADE RESTRICTION:	Is product returnable for credit: Yes
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices No	
Restricted to retail pharmacy only: Yes	Special regulations or returns requirements for this product in certain states? No
Restricted to hospital, clinics, and physician offices only: No	If so, which states? Other requirements? Comments?
Restricted from US territories? (explain in comments) No	
Comments:	
MISCELLA	NEOUS NOTES and/or Image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI b. Autofax No Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time: 2:30PM Eastern
b. Autolax No Pax Number. c. Fax Yes Fax Number: d. Phone only No Phone No.:	Shipping lead time of PO: 24/48 Hours Days
e. Supplier Web Site only No Site Address: Minimum Order Quantity: case pack Supplier's Customer Service Number: 732-529-0430 x466 x465 x467 x470 Contracted 3PL company / contact #: Name: Phone:	Ships same day for next day receipt:NoShips for second day receipt:NoShips regular ground for 3-10 days receipt:Yes
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: No	Overnight receipt available: Yes
Drop Ship service fee billed with each order: No	PO Receipt cut off time: 2:30PM Eastern
Drop Ship miscellaneous fees billed: No Comments:	Days of week overnight is available: X Monday X Tuesday X Wednesday X Thursday X Friday
	Priority Overnight receipt available: Yes
Class of Trade Restriction:	PO Receipt Cut off time: 2:30PM EST
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:	Saturday Overnight receipt available: No PO Receipt Cut off time: Phone: No Order receipt method: Phone: Yes Fax: Yes Fax #: EDI: Yes Overnight Fees apply: Yes Other fees apply: No
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes:	Contact # if product is received damaged: 732-529-0430 Is product returnable for credit: Yes URL/Link to returns policy:
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? No Is product order for restocking purposes? No