



Date: 4/18/2017

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?
Is the product a CA Prop 65 carcinogen? ☐ No
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?
(If yes, attach SDS with special instructions.) ☐ No

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? ☐ No

Is 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) ☐ No

If yes, indicate which:

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: ☐ Yes

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?

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: NA

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: ☐ NoWholesale distributor support: ☐ NoProvider Name: Site Enrollment Number assigned
by Supplier: DEA #: NoPCPDP #: NoNPI #: NoComments:

Registry:

☐ NoRegistry Program Contact Name: Phone: Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 732-529-0430Is product returnable for credit: ☐ YesURL/Link to returns policy:

contact - customerservice@camberpharma.com

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:



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