



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? No  
 (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? 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)

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:

**REMS or REGISTRY RESTRICTIONS**

Is there a REMS on this product? Yes

If Yes, is it managed with a pharmacy registry? No

Website URL:

Comments / Details: (For example, iPledge program?)

**REMS:** Yes

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:

**Registry:** No

Registry Program Contact Name:  Phone:

Comments:

**RETURN INSTRUCTIONS**

Contact tel. # if product received damaged:

Is product returnable for credit: Yes

URL/Link to returns policy:

Special regulations or returns requirements for this product in certain states? No

If 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 Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Yes Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> No Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> No Site Address: <input type="text"/> 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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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="checkbox"/> No Ships for second day receipt: <input type="checkbox"/> No Ships regular ground for 3-10 days receipt: <input type="checkbox"/> Yes
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="checkbox"/> No Drop Ship service fee billed with each order: <input type="checkbox"/> No Drop Ship miscellaneous fees billed: <input type="checkbox"/> No Comments: <input type="text"/>	<b>Overnight receipt available:</b> <input type="checkbox"/> 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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> Yes PO Receipt Cut off time: <input type="text" value="2:30PM EST"/> <b>Saturday Overnight receipt available:</b> <input type="checkbox"/> No PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="checkbox"/> No Phone #: <input type="text"/> Fax: <input type="checkbox"/> Yes Fax #: <input type="text" value="732-562-8788"/> EDI: <input type="checkbox"/> Yes Overnight Fees apply: <input type="checkbox"/> Yes Other fees apply: <input type="checkbox"/> No
Class of Trade Restriction:	Return Instructions
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> No Restricted to retail pharmacy only: <input type="checkbox"/> Yes Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No Restricted from US territories? (explain in comments) <input type="checkbox"/> No Comments: <input type="text"/>	Contact # if product is received damaged: <input type="text" value="732-529-0430"/> Is product returnable for credit: <input type="checkbox"/> Yes URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> Yes If so, which states? Other requirements? Comments? <input type="text"/>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
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"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> No Is product order for restocking purposes? <input type="checkbox"/> No
Miscellaneous Notes:	
<input type="text"/>	