



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? 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

<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: <span style="float: right;">_____</span>	
Is the product a NIOSH hazardous drug? <span style="float: right;">_____</span>	
If yes, indicate which: <span style="float: right;">_____</span>	

### 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: 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: 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?  
\_\_\_\_\_

### MISCELLANEOUS NOTES and/or Image of Product Barcode:

**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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. EDI</td> <td style="width: 10%; text-align: center;"><u>Yes</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>b. Autofax</td> <td style="text-align: center;"><u>No</u></td> <td>Fax Number: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>c. Fax</td> <td style="text-align: center;"><u>Yes</u></td> <td>Fax Number: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td style="text-align: center;"><u>No</u></td> <td>Phone No.: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td style="text-align: center;"><u>No</u></td> <td>Site Address: <input style="width: 100%;" type="text"/></td> </tr> </table> <p>Minimum Order Quantity: <u>case pack</u></p> <p>Supplier's Customer Service Number: <u>732-529-0430 x466 x465 x467 x470</u></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Phone: <input style="width: 100%;" type="text"/></td> </tr> </table>	a. EDI	<u>Yes</u>		b. Autofax	<u>No</u>	Fax Number: <input style="width: 100%;" type="text"/>	c. Fax	<u>Yes</u>	Fax Number: <input style="width: 100%;" type="text"/>	d. Phone only	<u>No</u>	Phone No.: <input style="width: 100%;" type="text"/>	e. Supplier Web Site only	<u>No</u>	Site Address: <input style="width: 100%;" type="text"/>	Name: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input style="width: 150px;" type="text" value="2:30PM"/> Eastern</p> <hr/> <p>Shipping lead time of PO: <input style="width: 50px;" type="text" value="24/48"/> Hours <input style="width: 50px;" type="text"/> Days</p> <p>Ships same day for next day receipt: <input style="width: 50px;" type="text" value="No"/></p> <p>Ships for second day receipt: <input style="width: 50px;" type="text" value="No"/></p> <p>Ships regular ground for 3-10 days receipt: <input style="width: 50px;" type="text" value="Yes"/></p>
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Phone: <input style="width: 100%;" type="text"/>																		
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																	
<p>Expedited freight fees billed with each order: <input style="width: 50px;" type="text" value="No"/></p> <p>Drop Ship service fee billed with each order: <input style="width: 50px;" type="text" value="No"/></p> <p>Drop Ship miscellaneous fees billed: <input style="width: 50px;" type="text" value="No"/></p> <p>Comments: <input style="width: 100%; height: 40px;" type="text"/></p>	<p><b>Overnight receipt available:</b> <input style="width: 50px;" type="text" value="Yes"/></p> <p>PO Receipt cut off time: <input style="width: 150px;" type="text" value="2:30PM"/> Eastern</p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td>Monday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Tuesday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Wednesday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Thursday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Friday</td></tr> </table> <p><b>Priority Overnight receipt available:</b> <input style="width: 50px;" type="text" value="Yes"/></p> <p>PO Receipt Cut off time: <input style="width: 150px;" type="text" value="2:30PM EST"/></p> <p><b>Saturday Overnight receipt available:</b> <input style="width: 50px;" type="text" value="No"/></p> <p>PO Receipt Cut off time: <input style="width: 150px;" type="text"/></p> <p>Order receipt method: Phone: <input style="width: 50px;" type="text" value="No"/> Phone #: <input style="width: 100px;" type="text"/></p> <p>Fax: <input style="width: 50px;" type="text" value="Yes"/> Fax #: <input style="width: 100px;" type="text" value="732-562-8788"/></p> <p>EDI: <input style="width: 50px;" type="text" value="Yes"/></p> <p>Overnight Fees apply: <input style="width: 50px;" type="text" value="Yes"/></p> <p>Other fees apply: <input style="width: 50px;" type="text" value="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							
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Class of Trade Restriction:	Return Instructions																	
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Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																	
<p>Patient Procedure Date: <input style="width: 100px;" type="text"/></p> <p>Physician Name: <input style="width: 150px;" type="text"/></p> <p>Physician/Clinic Phone #: <input style="width: 150px;" type="text"/></p> <p>Physician State License #: <input style="width: 150px;" type="text"/></p> <p>Physician/Clinic DEA #: <input style="width: 150px;" type="text"/></p> <p>Physician/Clinic Specialty: <input style="width: 150px;" type="text"/></p>	<p>Is product order for scheduled patient procedure? <input style="width: 50px;" type="text" value="No"/></p> <p>Is product order for restocking purposes? <input style="width: 50px;" type="text" value="No"/></p>																	
Miscellaneous Notes:																		
<input style="width: 100%; height: 60px;" type="text"/>																		