



**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? No

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: <input style="width: 100%;" type="text"/>	
Is the product a NIOSH hazardous drug? <span style="float: right;">No</span>	
If yes, indicate which: <input style="width: 100%;" type="text"/>	

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?

(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#

Hazardous Waste Identification	
EPA Hazardous Waste Code:	<input style="width: 100%;" type="text"/>

REMS or REGISTRY RESTRICTIONS	
Is there a REMS on this product? <span style="float: right;">No</span>	
If Yes, is it managed with a pharmacy registry? <input style="width: 100%;" type="text"/>	
Website URL: <input style="width: 100%;" type="text"/>	
Comments / Details: (For example, iPledge program?) <input style="width: 100%;" type="text"/>	
<b>REMS:</b> <span style="float: right;">No</span>	
REMS Program Manager Name:	<input style="width: 100%;" type="text"/>
Supplier Manages REMS registry exclusively:	<span style="float: right;">No</span>
Wholesale distributor support:	<span style="float: right;">No</span>
Provider Name:	<input style="width: 100%;" type="text"/>
Site Enrollment Number assigned by Supplier:	<input style="width: 100%;" type="text"/>
Phone:	<input style="width: 100%;" type="text"/>
DEA #:	<input style="width: 100%;" type="text"/>
PCPDP #:	<input style="width: 100%;" type="text"/>
NPI #:	<input style="width: 100%;" type="text"/>

ADD'L STORAGE INFORMATION	
Is the Product...	
Controlled Substance?	<span style="float: right;">No</span>
Controlled by State(s)?	<span style="float: right;">No</span>
ARCOS Reportable?	<span style="float: right;">No</span>
Schedule No. (inc. N for non-narcotic)	<input style="width: 100%;" type="text"/>
Controlled Substance Code	<input style="width: 100%;" type="text"/>
Listed Chemical (List I or II)	<span style="float: right;">No</span>
If yes, indicate which:	<input style="width: 100%;" type="text"/>
Is it a scheduled listed chemical product?:	<input style="width: 100%;" type="text"/>

Comments

**Registry:** No

Registry Program Contact Name:

Phone:

Comments

CLASS OF TRADE RESTRICTION:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	<span style="float: right;">No</span>
Restricted to retail pharmacy only:	<span style="float: right;">No</span>
Restricted to hospital, clinics, and physician offices only:	<span style="float: right;">No</span>
Restricted from US territories? (explain in comments)	<span style="float: right;">No</span>
Comments:	<input style="width: 100%; height: 40px;" type="text"/>

RETURN INSTRUCTIONS	
Contact tel. # if product received damaged:	<input style="width: 100%; text-align: center; value: 732-529-0430;" type="text"/>
Is product returnable for credit:	<span style="float: right;">Yes</span>
URL/Link to returns policy:	<input style="width: 100%; text-align: center; value: contact - customerservice@camberpharma.com;" type="text"/>
Special regulations or returns requirements for this product in certain states?	<span style="float: right;">No</span>
If so, which states? Other requirements? Comments?	<input style="width: 100%; height: 40px;" type="text"/>

MISCELLANEOUS NOTES and/or Image of Product Barcode:	
<input style="width: 100%; height: 100%;" type="text"/>	

**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> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="checkbox"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/></p>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text"/> Eastern</p> <hr/> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
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="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/> Eastern</p> <p>Days of week overnight is available:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><b>Priority Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="checkbox"/> Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	Return Instructions
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 80px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></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"/></p> <p style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 40px;" type="text"/></p>
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION
<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>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>
Miscellaneous Notes:	
<p><input style="width: 100%; height: 80px;" type="text"/></p>	