



Date: 12/15/2020

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic? ☐
- 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? ☐ 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

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?

(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: ☐ No
- Restricted to hospital, clinics, and physician offices only: ☐ No
- Restricted from US territories? (explain in comments) ☐ No

Comments:

SDS Hazard Classification

- ☐ Organic
- ☐ Inorganic
- ☐ Steroid/Androgen
- ☐ Corrosive
- ☐ Oxidizer
- ☐ Contact Hazard

☐ Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug? ☐ No

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

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: ☐ No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively: ☐ No

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:

PCPDP #:

NPI #:

Comments:

Registry: ☐ No

Registry 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.comSpecial 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:

Release DATE

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="text"/> b. Autofax <input type="text"/> Fax Number: <input type="text"/> c. Fax <input type="text"/> Fax Number: <input type="text"/> d. Phone only <input type="text"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="text"/> Site Address: <input type="text"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> 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"/> Eastern Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="text"/> Ships for second day receipt: <input type="text"/> Ships regular ground for 3-10 days receipt: <input type="text"/>	
Expedited Freight Charges or Other Designated Drop Ship Fees:		Overnight and Priority Overnight PO Processing	
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>		Overnight receipt available: <input type="text"/> PO Receipt cut off time: <input type="text"/> Eastern Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="text"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="text"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="text"/> Other fees apply: <input type="text"/>	
Class of Trade Restriction:			
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/> No Restricted to retail pharmacy only: <input type="text"/> No Restricted to hospital, clinics, and physician offices only: <input type="text"/> No Restricted from US territories? (explain in comments) <input type="text"/> No Comments: <input type="text"/>			
Other Data Information Required to Process PO:		Return Instructions	
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"/>		Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="text"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="text"/> If so, which states? Other requirements? Comments? <input type="text"/>	
Miscellaneous Notes:		ADDITIONAL INFORMATION	
<input type="text"/>		Is product order for scheduled patient procedure? <input type="text"/> Is product order for restocking purposes? <input type="text"/>	