

\_\_\_\_\_

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?

(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 ☐ Yes

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 ☐ Corrosive

☐ Inorganic ☐ Oxidizer

☐ Steroid/Androgen ☐ Contact Hazard

☐ Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug? ☐ NoIf 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: ☐ 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:  732-529-0430Is 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
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="text"/></p> <p>b. Autofax <input type="text"/> Fax Number: <input type="text"/></p> <p>c. Fax <input type="text"/> Fax Number: <input type="text"/></p> <p>d. Phone only <input type="text"/> Phone No.: <input type="text"/></p> <p>e. Supplier Web Site only <input type="text"/> 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 #: Name: <input type="text"/> 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"/></p> <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="text"/></p> <p>Ships for second day receipt: <input type="text"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text"/></p>
<p><b>Expedited Freight Charges or Other Designated Drop Ship Fees:</b></p> <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 type="text"/></p>	<p><b>Overnight and Priority Overnight PO Processing</b></p> <p><b>Overnight receipt available:</b> <input type="text"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>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</p> <p><b>Priority Overnight receipt available:</b> <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="text"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="text"/></p> <p>Other fees apply: <input type="text"/></p>
<p><b>Class of Trade Restriction:</b></p> <p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="text"/></p> <p>Restricted to retail pharmacy only: <input type="text"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="text"/></p> <p>Restricted from US territories? (explain in comments) <input type="text"/></p> <p>Comments: <input type="text"/></p>	
<p><b>Other Data Information Required to Process PO:</b></p> <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><b>Return Instructions</b></p> <p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="text"/></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="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
<p><b>Miscellaneous Notes:</b></p> <p><input type="text"/></p>	<p><b>ADDITIONAL INFORMATION</b></p> <p>Is product order for scheduled patient procedure? <input type="text"/></p> <p>Is product order for restocking purposes? <input type="text"/></p>