



Date: 6/10/2024

Signature:



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2024

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? (If yes, attach SDS with special instructions.)	No		
e. Does the product contain DEHP?	No		
Is this product regulated for shipment by DOT? (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 this product regulated for shipment by 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:		No	
☐ 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 Substance Code	
Controlled by State(s)?	No	Listed Chemical (List I or II)	No
ARCOS Reportable?	No	If yes, indicate which:	
Schedule No.		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	
Does the product have an Aerosol class? If yes, identify NFPA Storage Level:		No	
NFPA Storage Level:			
Is the product a NIOSH hazardous drug?		No	
If yes, indicate which:			
Hazardous Waste Identification			
EPA Hazardous Waste Code:		Waste Characteristics	
REMS or REGISTRY RESTRICTIONS			
Is there a REMS on this product?		No	
If Yes, is it managed with a pharmacy registry?			
Website URL:			
Med Guide Required		No	
Limited Distribution Requirement			
Comments / Details: (For example, iPledge program?)			
REMS:		No	
REMS Program Manager Name:		Phone:	
Supplier Manages REMS registry exclusively:			
Wholesale distributor support:			
Provider Name:		DEA #:	
Site Enrollment Number assigned by Supplier:		NCPDP#:	
NPI #:			
Comments			
Registry:		No	
Registry Program Contact Name:		Phone:	
Comments			
RETURN INSTRUCTIONS			
Contact tel. # if product received damaged:		1-866-827-3647	
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:			

Release DATE



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