



# Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: ☐ New Item☐ Final Version

Date:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	0206918
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	Fondaparinux Sodium Injection, USP 2.5 mg per 0.5 mL (10's)
Selling Unit NDC:	55150-230-10
Individual Unit NDC:	55150-230-00
UPC:	355150230105
CVX Code:	
MVX Code:	
Description:	Fondaparinux Sodium Injection, USP 2.5 mg per 0.5 mL (10's)
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
State:	NJ
Zip:	08520
Key Contact:	
Phone Number:	888-238-7880
Fax:	732-355-9449
Product Therapeutic Classification:	

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product...	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	
Is this product covered under the Trade Agreements Act (TAA)?	

PRODUCT DESCRIPTION INFORMATION	
Size:	1 PFS Unit
Strength:	2.5 mg per 0.5 mL
Dosage Form:	LIQUID
Product Shape:	PFS (Pre filled syringe)
Product Color:	
Product Imprint:	

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Arixtra Injection
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

GTIN PRODUCT INFORMATION	
Serialized?	<input checked="" type="checkbox"/>
If not, when?	
Items aggregated?	<input checked="" type="checkbox"/>
Level	Saleable Unit
Item	<input checked="" type="checkbox"/>
Box/ Carton/ Bundle/ Inner Pack	
Case	
Pallet	
Quantity	10
GTIN-14	10355150230102
	30355150230106
	50355150230100
	70355150230104

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature - Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room - between 20 and 25 C (68° - 77° F)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	
Is this product to be shipped to customers on dry ice?	
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	No
e. Shelf life:	24 Months
Initial shelf life at launch (if different):	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	55150-230-10 1 box of 10 pre-filled syringes
<input checked="" type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
Minimum order quantity?	
If Yes, how many of which package type?	
1 Each	
10 Inner/ Carton/ Pack	
80 Case	

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

ITEM AND PACKING INFORMATION			
Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	# Pieces:
Depth	Height	Width	
Item:			0
Box/ Carton/ Bundle/ Inner Pack:	5.0926	14.41	7.48
Case:	6.536	15.551	9.055
Pallet:	Sea: 346.775	48	Sea: 41.22
UPC:	Air: 425.212	40	#VALUE!
Case:	50355150230100		
Carton:	10355150230102		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$240.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	1/17/2018		

\*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

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?

RQ Threshold: 

Is this a marine pollutant?

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

☐ Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

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?

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:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned

by Supplier:

Phone:

DEA #:

PCPDP #:

NPI #:

Comments

## Registry:

Registry Program Contact Name:

Phone:

Comments

## RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

888-238-7880

Is product returnable for credit:

URL/Link to returns policy:

<http://auromedics.com/policies/return-policy/>

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

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

Release DATE



## Standard Pharmaceutical Product Information (Page 3)

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"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <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>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <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:</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="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: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>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>



# Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: ☐ New Item☐ Final Version

Date:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	0206918
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	Fondaparinux Sodium Injection, USP 5 mg per 0.4 mL (10's)
Selling Unit NDC:	55150-231-10
Individual Unit NDC:	55150-231-00
UPC:	355150231102
CVX Code:	
MVX Code:	
Description:	Fondaparinux Sodium Injection, USP 5 mg per 0.4 mL (10's)
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
State:	NJ
Zip:	08520
Key Contact:	
Phone Number:	888-238-7880
Fax:	732-355-9449
Product Therapeutic Classification:	

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product...	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	1 PFS Unit
Strength:	5 mg per 0.4 mL
Dosage Form:	LIQUID
Product Shape:	PFS (Pre filled syringe)
Product Color:	
Product Imprint:	

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Arixtra Injection
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

GTIN PRODUCT INFORMATION	
Serialized?	<input checked="" type="checkbox"/>
If not, when?	
Items aggregated?	<input checked="" type="checkbox"/>
Level	Saleable Unit
Item	<input checked="" type="checkbox"/>
Box/Case/Bundle/Inner Pack	
Case	
Pallet	
Quantity	10
80	
80	
4800	
GTIN-14	10355150231109
	30355150231103
	50355150231107
	70355150231101

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature - Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room - between 20 and 25 C (68° - 77° F)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	
Is this product to be shipped to customers on dry ice?	
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	No
e. Shelf life:	24 Months
Initial shelf life at launch (if different):	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	55150-231-10 1 box of 10 pre-filled syringes
<input checked="" type="checkbox"/> Box/Case	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
Minimum order quantity?	
If Yes, how many of which package type?	
1 Each	
10 Inner/Case/Pack	
80 Case	

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

ITEM AND PACKING INFORMATION			
Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	# Pieces:
Depth	Height	Width	
Item:			0
Box/Case/Bundle/Inner Pack:	5.0926	14.41	7.48
Case:	6.536	15.51	9.055
Pallet:	Sea: 346.775	48	Sea: 41.22
UPC:	Air: 425.212	40	#VALUE!
Case:	50355150231107		10 PFS in Carton
Carton:	10355150231109		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$581.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	1/17/2018		

\*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

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?

RQ Threshold: 

Is this a marine pollutant?

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

☐ Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

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?

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:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned

by Supplier:

Phone:

DEA #:

PCPDP #:

NPI #:

Comments

## Registry:

Registry Program Contact Name:

Phone:

Comments

## RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

888-238-7880

Is product returnable for credit:

URL/Link to returns policy:

<http://auromedics.com/policies/return-policy/>

Special regulations or returns requirements for this product in certain states?

If 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"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <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>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <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:</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="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: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>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>



# Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: ☐ New Item☐ Final Version

Date:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	0206918
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	Fondaparinux Sodium Injection, USP 7.5 mg per 0.6 mL (10's)
Selling Unit NDC:	55150-232-10
Individual Unit NDC:	55150-232-00
UPC:	355150232109
CVX Code:	
MVX Code:	
Description:	Fondaparinux Sodium Injection, USP 7.5 mg per 0.6 mL (10's)
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
State:	NJ
Zip:	08520
Key Contact:	
Phone Number:	888-238-7880
Fax:	732-355-9449
Product Therapeutic Classification:	

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product...	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	1 PFS Unit
Strength:	7.5 mg per 0.6 mL
Dosage Form:	LIQUID
Product Shape:	PFS (Pre filled syringe)
Product Color:	
Product Imprint:	

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Arixtra Injection
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

GTIN PRODUCT INFORMATION	
Serialized?	<input checked="" type="checkbox"/>
If not, when?	
Items aggregated?	<input checked="" type="checkbox"/>
Level	Saleable Unit
Item	2D
Box/Case/Bundle/Inner Pack	2D
Case	2D
Pallet	2D
Quantity	10
Quantity	80
Quantity	80
Quantity	4800
GTIN-14	10355150232106
GTIN-14	30355150232100
GTIN-14	50355150232104
GTIN-14	70355150232108

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature - Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room - between 20 and 25 C (68° - 77° F)
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	
Is this product to be shipped to customers on dry ice?	
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	No
e. Shelf life:	24 Months
Initial shelf life at launch (if different):	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	55150-232-10 1 box of 10 pre-filled syringes
<input checked="" type="checkbox"/> Box/Case	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
Minimum order quantity?	
If Yes, how many of which package type?	
1 Each	
10 Inner/Case/Pack	
80 Case	

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

ITEM AND PACKING INFORMATION			
Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	# Pieces:
Depth	Height	Width	
Item:			0
Box/Case/Bundle/Inner Pack:	5.0926	14.41	7.48
Case:	6.536	15.51	9.055
Pallet:	Sea: 346.775	48	Sea: 41.22
UPC:	Air: 425.212	40	#VALUE!
Case:	50355150232104		
Carton:	10355150232106		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$580.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	1/17/2018		

\*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

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?

RQ Threshold: 

Is this a marine pollutant?

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

☐ Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

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?

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:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned

by Supplier:

Phone:

DEA #:

PCPDP #:

NPI #:

Comments

## Registry:

Registry Program Contact Name:

Phone:

Comments

## RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

888-238-7880

Is product returnable for credit:

URL/Link to returns policy:

<http://auromedics.com/policies/return-policy/>

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

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

Release DATE





## Standard Pharmaceutical Product Information (Page 3)

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"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <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>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <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:</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="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: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>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>



# Standard Pharmaceutical Product Information (Rx Product Only)

Introduction Type: ☐ New Item☐ Final Version

Date:

PRODUCT INFORMATION	
Company Name:	AuroMedics Pharma LLC
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	0206918
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	Fondaparinux Sodium Injection, USP 10 mg per 0.8 mL (10's)
Selling Unit NDC:	55150-233-10
Individual Unit NDC:	55150-233-00
UPC:	355150233106
CVX Code:	
MVX Code:	
Description:	Fondaparinux Sodium Injection, USP 10 mg per 0.8 mL (10's)
Active Ingredient(s):	
URL for Additional Product Information:	www.auromedics.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
State:	NJ
Zip:	08520
Key Contact:	
Phone Number:	888-238-7880
Fax:	732-355-9449
Product Therapeutic Classification:	

ADDITIONAL PRODUCT INFORMATION	
Is the Product... a legend device?	No
reverse numbered?	No
co-licensed?	No
Is the Product... Direct-Ship Only	
Is the Product...	
If Unit Dose, is item bar coded to unit dose for hospital scanning?	
If Unit Dose NDC, indicate NDC here:	
Country of Origin	India
Is this product covered under the Trade Agreements Act (TAA)?	No

PRODUCT DESCRIPTION INFORMATION	
Size:	1 PFS Unit
Strength:	10 mg per 0.8 mL
Dosage Form:	LIQUID
Product Shape:	PFS (Pre filled syringe)
Product Color:	
Product Imprint:	

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AP
II. Generic Equivalent to What Brand?:	Arixtra Injection
<input type="checkbox"/> Authorized Generic	*If Authorized Generic, other section fields are not applicable

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	Yes
Is product exempt from DSCSA?	No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	No
Is product sold by manufacturer's exclusive distributor?	No
Has FDA granted waiver/exception/exemption for product?	No
GLN:	035515000005
If Yes, was original product purchased direct from mfr?	
If yes, attach documentation from FDA.	

GTIN PRODUCT INFORMATION	
Serialized?	<input checked="" type="checkbox"/>
If not, when?	
Items aggregated?	<input checked="" type="checkbox"/>
Level	Saleable Unit
Item	2D
Box/Case/Bundle/Inner Pack	2D
Case	2D
Pallet	2D
Quantity	10
GTIN-14	10355150233103
	30355150233107
	50355150233101
	70355150233105

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature - Indicate the USP temperature range for this product.	Controlled Room - between 20 and 25 C (68° - 77° F)
Temperature Range	
Other Temperature Range Requirement (write in)	
Is this product to be shipped to customers on ice?	
Is this product to be shipped to customers on dry ice?	
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	No
Special returns requirements for this product?	No
d. Store product (unit of sale) upright?	Yes
Protect product (unit of sale) from light?	No
e. Shelf life:	24 Months
Initial shelf life at launch (if different):	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	55150-233-10 1 box of 10 pre-filled syringes
<input checked="" type="checkbox"/> Box/Case	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	
<input type="checkbox"/> Vial Powder Sgl	
<input type="checkbox"/> Vial Powder Multi	
<input type="checkbox"/> Other: Write In	
Minimum order quantity?	
If Yes, how many of which package type?	
1 Each	
10 Inner/Case/Pack	
80 Case	

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
(Write-in, e.g. 1 Vial)	Each
	Gram
	Milliliter

ITEM AND PACKING INFORMATION			
Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	# Pieces:
Depth	Height	Width	
Item:			0
Box/Case/Bundle/Inner Pack:	5.0926	14.41	7.48
Case:	6.536	15.51	9.055
Pallet:	Sea: 346.775	48	Sea: 41.22
UPC:	Air: 425.212	40	#VALUE!
Case:	50355150233101		10 PFS in Carton
Carton:	10355150233103		

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$581.00	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	1/17/2018		

\*Please provide any additional information on page 2.

Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING AND BARCODE.

See new p. 3 for Designated Drop Ship Only.

Signature:

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?

RQ Threshold: 

Is this a marine pollutant?

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

☐ Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

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?

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:

REMS Program Manager Name:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned

by Supplier:

Phone:

DEA #:

PCPDP #:

NPI #:

Comments

## Registry:

Registry Program Contact Name:

Phone:

Comments

## RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

888-238-7880

Is product returnable for credit:

URL/Link to returns policy:

<http://auromedics.com/policies/return-policy/>

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

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

Release DATE



## Standard Pharmaceutical Product Information (Page 3)

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"/></p> <p>c. Fax <input type="text"/></p> <p>d. Phone only <input type="text"/></p> <p>e. Supplier Web Site only <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>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <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:</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="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: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p>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>