

Standard Pharmaceutical Product Information (Rx Product Only)

					Intr	roduction Type:		New Item	x	Final Version			Date:	20.JUL	Y.2020
			PRODUCT INFORMA	TION						SPECIAL HANDL	ING AND ST	ORAGE REQ	UIREMENTS	;*	
Company Name: Application Number for NDA/	AuroMedics Pharma LLC	(E10(k)(mod dovico);		205487		Application	:	ANDA	a. Temperature – India	cate the USP temper ature Range	rature range			en 20 and 25	C (68° - 77° I
	968961354	15 TO(K)(Ined device).		203467					-	-		Controlled IV	Joonn – Detwe	en zo and zo	0 (00 - 11 1
DUNS: Proprietary Name (If Applicable			atin Injection, 450 mg/45 m							emperature Range Re rite in)	equirement	Store at 20°	to 25°C (68°	to 77°E)	
	55150-335-01	c. On the optimized	Individual Unit NDC:	55150-	335-01	UPC: '35515	0335015					01010 41 20	10 20 0 (00	.0)	
UDI			CVX Code:		MV	X Code:			Is this p	roduct to be shipped	to customers	on ice?		No	
Description:	CARBOplatin Injection, 45	0 mg/45 mL (10 mg/m	hL) [MDV] [Mono Pack]						Is this p	roduct to be shipped	to customers	on dry ice?		No	
Active Ingredient(s):	CAI	RBOplatin Injection							b. Contact for tempera Name:	ature excursion que	stions:	Steve Lucas			
URL for Additional Product Info	formation:								Number	:		732-823-412			
Address: 2	279 Princeton-Hightstown	Road			Addres				Group I	E-mail:		slucas@aur		m	
	East Windsor				ate: NJ	Zip:	08	520				-			
Key Contact: Phone Number: 8	888-238-7880				nail: ax: 732-35	E 0440			c. Special regulations	for product in any s returns requirements				No No	
Product Therapeutic Classifica		emotherapy			752-55	3-3443			Special	returns requirements	TOT THIS PIOUU	lot r		INU	
Therapeutic classifier	one one	inotherapy							d. Store product (unit	of sale) upright?				No	
ADDITIONAL	PRODUCT INFORMATIC	ON			PRODUC	T DESCRIPTION IN	FORMAT	TION		product (unit of sale	e) from light?	,		No	
Is the Product									e. Shelf life:					24	Months
a legend device?		No		Size:		1 x 45 mL Mono M			Initial s	helf life at launch (if	different):				Months
reverse numbered?		No		5126.		TX 45 THE MOTO N	NDV Viai								
co-licensed?	Dire	No ect-Ship Only		Streng	th:	(450 mg/45 mL) (M	MDV)			(ORDER INFO	RMATION			
Is the Product Is the Product	Neit					-			Unit of	Sale		What is the	NDC selling	unit?	
				Dosage	e Form:	LIQUID				Bottle		1 box of 1 vi			
If Unit Dose, is item bar coded	to unit dose for hospital s	canning?							x	Box/Carton		(Write-in, e.	g. 1 Box of 1	0 Vials)	
If Unit Dose NDC, indicate NDC		g-		Produc	ct Shape:	Vial Pack				Ampule Glass		Minimum o			
If Onit Dose NDC, Indicate NDC	c nere:					-				Tube		winimum o	rder quantity	-	Yes
Country of Origin	Indi	а		Produc	ct Color:					Vial Liquid Sgl					
Is this product covered under th	the Trade Agreements Act	(TAA)?		Produc	ct Imprint:					Vial Liquid Multi		If Yes, how		ich package t	ype?
	J	No No			•					Vial Powder Sql Vial Power Multi			Each Inner/Cartor	Deals	
									II	Other: Write In		1	Case	Pack	
			FOR GENERIC DRUG PR	RODUCTS											
					.					DUAT		ER / BILL UN	-		
	10				Authorized Ge		are not ap	eneric, other section	Dec. of the sector						
I. Orange Book Rating:	AP Brand2: Par	aplatin Injection						F	Rec. sell unit to custo		-	Rx billing u x	Each	acy:	
II. Generic Equivalent to What		aplaan injeedon							(Write-in, e.g. 1 Vial)	idi		^	Gram		
		DRUG SUPPLY	CHAIN SECURITY ACT	(DSCSA) INFORMAT	TION								Milliliter		
Does supplier meet DSCSA de	afinition of monufactures	•	Yes	GLN:								G INFORMAT			
Is product exempt from DSCSA			lo	GLN:						TIEWIA			ION		
If yes, select exemption:										Weight Lbs.	Dime	nsions (US m	ismts.)	Volume	# Pieces:
Other exemption - Write in:										weight Lbs.	Depth	Height	Width	(Cube)	# FIECES.
Is product repackaged? Is product sold by manufacture		r?	No No	from mfr?	• •	t purchased direc	t		Item:	0.4	2.559	5.1181	2.559	33.5157806	1
Has FDA granted waiver/excep	ption/exemption for prod	luct?	No		ch documentatio	on from FDA.			Box/Carton/Bundle/ Inner Pack:	5.415	11.06	5.94	8.5	558.4194	12
			GTIN PRODUCT INFOR	MATION Saleable					Case:	12.294	12.008	13.386	9.449	1518.82364	24
			Level	Unit		Quanti	ity GT	ΓΙΝ-14	Pallet:	770.050	48	50.54	40	110000.0	1440
Serialized?	Yes		Item	x x	2D	Linear 1		355150335015		770.659		58.54	40	112396.8	
If not, when?		~	Box/Carton/Bundle/Inner Pack	x	2D	Linear 12		355150335016	UPC:	Case:	503551503				
Items aggregated?			Case Pallet	x	2D 2D	Linear 24 Linear 1440		355150335010 355150335014		Carton:	003551503	35015			
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					2D	Linear									
					2D	Linear			Regular Cost			Vendor #:			
					2D	Linear			Invoice Cost (WAC) (\$ Federal Excise Tax Pe		\$42.74	Whsl. Code Fineline Co			
L									As of date:	a onit of Sale		rineine Co	ue:		
		A	ttach copy of SAFETY DA	TA SHEET (SDS) or n	non hazard letter,	PACKAGE INSER	T, LABEL	AND PHOTO OF PRO	DUCT PACKAGING and B	ARCODE.					
*Please provide any additional	I information on page 2.				See ne	w p. 3 for Designa	ted Drop	Ship Only.	Signatu	re:			Muramredd	y penchalaiah	



Standard Pharmaceutical Product Information (Page 2)

		nated Drop Ship Only Products, Please Use Page 3
b. Converses / Does the productive Tackard? b. Converses / Department of the product requires general dealers in terms of the product requires general dealers of the product require	MATERIALI	HAZARD CLASSIFICATION and TRANSPORTATION
b C A free, 65 Carcingson and Reproductive Toxican? b The product a CA free 65 Carcingson and Reproductive Toxican? b C Corrective Stream of the product a CA free 65 Carcingson and the product a CA free 65 Carcing Carcingson and the product a CA free 65 Carcing Carcingson and the product a CArcing 65 Carcingson and the pr	Is this product (check all that apply):	
Is the product a CA Prog 65 sources/source No Organic Control Nation Program (Control Nation Progr	a. Cytotoxic? No	SDS Hazard Classification
Is the product at CA Proj 65 reproductive biositor? No Does the product bale kees = CA Prop 65 weinsysteming instructions? No I down as product bale kees = CA Prof 65 weinsysteming instructions? No I down as product regulated for alignment? No I down as product statistication No I down as product regulated for alignment? No I down as product statistication No	b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	
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c. Cottact Hazard? No d. Dest the product request special dear-up instructors? No e. Dest the product consol DEPP? No b. Bray sock target by the product consol DEPP? No b. Bray sock target by the product consol DEPP? No b. Bray sock target by the product consol DEPP? No b. Bray sock target by the product target by the pr		Steroid/Androgen Contact Hazard
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d. Des the product require special interactions? No e. Des the product contin DELPP? No e. Des the product contin DELPP? No f. Be interdiated regulated for shipment by DOT or MTA7 No e. Drass flagering Name	c. Contact Hazard? No	Aerosol Class; Identify NFPA Storage Level:
(If yes, nation XDS with special includons.) Ib (If yes, nation XDS with special includons.) Ib <td>d. Does this product require special clean-up instructions?</td> <td></td>	d. Does this product require special clean-up instructions?	
B. de product normanie DEHP7 No If yes, include which:		Is the product a NIOSH hazardous drug? No
Is this product straighteed to relay hapments by DOT or UATA? No firste, arover a below will provide SOG) a. UMderdication Number b. Proper Signing Name c. DOT Hazard Class d. Packing Group a. Initiation Hazard? b. Prover Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Prosengier Campo b. Browd Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Prosengier Campo b. Browd Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Prosengier Campo b. Browd Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Here a REMS on this product? No HYse, is it managed with a pharmacy registry? No HYse, is its managed with a pharmacy registry? No Hyse, indicate is difficult for example, iPedge program? Hyse, indicate is difficult in column 7 of 45 CFR 172.1011; SPP (Decomments) Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments?		
(f yes, answer se before and provide SDS) a. NUMderfiction Number b. Projer Shipping Name c. DOT Hazard OLSss d. Reaking Group is the product restricted for at shipment? If so, indicate restriction: is the product restricted for at shipment? If so, indicate restriction: is the product restricted for at shipment? If so, indicate restriction: is the product restricted for at shipment? If so, indicate restriction: is the product restricted for at shipment? If so, indicate restriction: is the product restricted for at shipment? If so, indicate restriction: is the product restricted for at shipment? If so, indicate restriction or Special Pormit? (f) yes, Really number of the product restriction or Special Pormit? (f) yes, Really number of the product restriction or Special Pormit? (f) yes, Really number of the product restriction or Special Pormit? (f) yes, Really number of the product restriction or Special Pormit? (f) yes, Really number of the product restriction or Special Pormit? (f) yes, Really number of the product restriction or for the product restriction or at the for the product restriction or at the product restriction or at the for the product restread the product restriction or at t		
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Is the product retributed to as shipment? If so, indicate restriction:		
Passenger No Is the a REMS on this product 3 more pollution? No Is the a standard with a pharmacy registry? No Is the a standard pollution? No Is the a standard pollution? No Is the a standard pollution? No Is the post standard with a pharmacy registry? No Is the post standard with a pharmacy registry? No Is the post standard with a pharmacy registry? No Is the post standard with a pharmacy registry? No Is the post standard with a pharmacy registry? No Is the post standard with a pharmacy registry? No Special Promits DOT SAP Phone: Special Proviston (stand in Column 7 of 49 CFR 172, 101); Special Proviston (stand in Column 7 of 49 CFR 172, 101); Special Proviston (stand in Column 7 of 49 CFR 172, 101); Special Proviston (stand in Column 7 of 49 CFR 172, 101); Special Proviston (stand in Column 7 of 49 CFR 172, 101); No ADD/L STORAGE INFORMATION Comments Is the Product Comments Cornoredity Subtale()? No ARCOS Reportable? No Schedule No No Contrenertis	e. Inhalation Hazard?	
Cargo Cargo Is this a reportable quantity?	Is the product restricted for air shipment? If so, indicate restriction:	REMS or REGISTRY RESTRICTIONS
Passenger & Cargo Webste URL: Is this a reportable quantity? Comments / Details: (For example, iPledge program?) Is this product shipped utilizing an authorized DOT exception or Special Permit? Webste URL: Is this product shipped utilizing an authorized DOT exception or Special Permit? Webste URL: Is this product shipped utilizing an authorized DOT exception or Special Permit? Webste URL: Is this product shipped utilizing an authorized DOT exception or Special Permit? Webste URL: Is the product shipped utilizing an authorized DOT exception or Special Permit? Webste URL: Special Permit: DOT-SP Special Permit: DOT-SP Special Permit: DOT-SP Special Permit: DOT-SP Special Permit: DOT-SP Special Permit: DOT-SP Special Permit: DOT-SP No Schedule No. (inc. N for non-narcotic) Comments Controlled Substance Code Schedule No. (inc. N for non-narcotic) Controlled Subtance Code Special product: It yes, indicate which: Registry Program Contact Name: It yes, indicate which: No Restricted for to spital, offices only: No Restricted to real pharmacy only: No Restricted to real pharmacy only: No	Passenger	Is there a REMS on this product? No
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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 Quantify Consumer Commodity, ORM-D Special Permit, DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# ADD'L STORAGE INFORMATION Is the Product Controlled Systate(s)? ACCORS Reportable? Controlled Systate(s)? ACCORS Reportable? Controlled Systate(s)? Controlled Systa		
Is this product shipped utilizing an authorized DOT exception or Special Permit? I types, identify method below) I types, identify method below) Senal Quantity (49 CFR 173.4) Special Permit, DOT-SP Special regulations or returns requirements for this product in certain states? Supplier Manager Special Permit, Policy Special regulations or returns requirements? Comments? Special regulations or returns requirements? Special regulations or return		Comments / Details. (For example, inledge program?)
if yes, identify method below) Image: Second Perry (yes CPR 172.101); Special Perry (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 172.101); SP# DEA #:: Controlled Substance? No Controlled Substance Code Comments Listed Chemical (List for II) No If yes, indicate which: No Is a cheduled listed chemical product?: Contact tel. # if product received damaged: Restricted to restil, dines and physician offices only: No No restriction: Secial regulations or requirements for this product in certain states? Restricted to honeshal, clinics; and physician offices only: No Restricted to honeshal, clinics; (explain in comments) No Restricted to honeshal, clinics; (explain in comments) No <td< td=""><td></td><td></td></td<>		
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If yes, indicate which: Is it a scheduled listed chemical product?: Contact tel. # if product received damaged: 888-238-7880 Is product returnable for credit: Yes No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes No 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: If so, which states? Other requirements? Comments?		RETURN INSTRUCTIONS
Is it a scheduled listed chemical product?: Contact tel. # if product received damaged: 888-238-7880 CLASS OF TRADE RESTRICTION: Is product received damaged: Yes No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes URL/Link to returns policy: http://auromedics.com/policies/return-policy/ Restricted to retail pharmacy only: No Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments? Restricted from US territories? (explain in comments) No If so, which states? Other requirements? Comments? If so, which states? Other requirements? Comments? Comments:		
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	Restricted from US territories? (explain in comments)	
MISCELLANEOUS NOTES and/or Image of Product Barcode:	Comments:	
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MISCELLANEOUS NOTES and/or Image of Product Barcode:		
	MISCELLA	NEOUS NOTES and/or image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if	
Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI	Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax Fax Number: c. Fax Fax Number: d. Phone only Phone No.:	Shipping lead time of PO: Hours Days
e. Supplier Web Site only Site Address:	Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Phone:	
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	Overnight receipt available:
Drop Ship service fee billed with each order:	PO Receipt cut off time:
Drop Ship miscellaneous fees billed:	Days of week overnight is available:
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
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:	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Phone #: Order receipt method: Fax: EDI: Fax #: Overnight Fees apply: Overnight Fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes:	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?
	┦└─────┘│
	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?



Standard Pharmaceutical Product Information (Rx Product Only)

					Int	roduction Type:	New Item	x	Final Version			Date:	20.JUL	Y.2020	
			PRODUCT INFORM	MATION					SPECIAL HANDL	ING AND ST	ORAGE REQ	UIREMENTS	;*		
Company Name:	AuroMedics Pharma I					Application:	ANDA	a. Temperature – Indi	cate the USP temper	ature range f					
Application Number for ND	A/ANDA/BLA (drug); I	PMA/510(k)(med d	evice):	205487				Temper	ature Range		Controlled R	oom – betwe	en 20 and 25	C (68° – 77° F	
DUNS:	968961354								emperature Range Re	equirement					
Proprietary Name (If Applical		Name: CA	RBOplatin Injection 600 mg per			1 1120 1122212		(w	rite in)		Store at 20°	to 25°C (68°	to 77°F)		
Selling Unit NDC: UDI	55150-386-01		Individual Unit NDC CVX Code:	55150-3		UPC: '35515038 /X Code:	6017	la thia n	roduct to be shipped	to oustomore	on ioo?		No		
-				-11		A code.		-					No		
Description:	CARBOplatin Injection	n 600 mg per 60 ml	L, (10 mg/mL) [MDV] [Mono Pac	CK]				Is this p	roduct to be shipped	to customers	on dry ice?		No		
Active Ingredient(s):		Carboplatin Injecti	on					b. Contact for tempera	ature excursion que	stions:					
								Name:			Steve Lucas				
URL for Additional Product In		Dec.						Numbe			732-823-412				
Address: City:	279 Princeton-Hightst East Windsor	own Road		Sta	Addres	ss 2: Zip:	08520	Group I	E-mail:		slucas@aur	obindousa.co	m		
Key Contact:	Last Windson			Em		Lip.	00320	c. Special regulations	for product in any s	states?			No		
Phone Number:	888-238-7880			Fa		5-9449			returns requirements		ict?		No		
Product Therapeutic Classifie	ication:	Chemotherapy													
									d. Store product (unit of sale) upright? No						
	L PRODUCT INFORM	ATION			PRODUC	T DESCRIPTION INFO	RMATION	71	product (unit of sale	e) from light?	•		No		
Is the Product								e. Shelf life:					24	Months	
a legend device? reverse numbered?		No No		Size:		1 x 60 mL Mono MDV	Vial	Initial s	helf life at launch (if	different):				Months	
co-licensed?		No							(ORDER INFO	RMATION				
Is the Product		Direct-Ship Only		Strengt	1:	(600 mg/60 mL) (MD\)								
Is the Product		Neither	_	Dosage	Form:	LIQUID		Unit of			What is the		unit?		
									Bottle Box/Carton		1 box of 1 vi	al g. 1 Box of 1	0.)/(ala)		
If Unit Dose, is item bar code	ed to unit dose for hospi	ital scanning?						x	Ampule		(write-in, e.	g. i box oi i	o viais)		
If Unit Dose NDC, indicate NI	DC here:			Product	Shape:	Vial Pack			Glass		Minimum o	der quantity	/?	Yes	
				Product	Color				Tube				-		
Country of Origin		India		. iouuo					Vial Liquid Sgl						
Is this product covered under	r the Trade Agreements	Act (TAA)? No		Product	Imprint:				Vial Liquid Multi Vial Powder Sql			many of wh Each	ich package t	ype?	
		110							Vial Power Multi			Inner/Cartor	/Pack		
								·	Other: Write In	_	1	Case			
			FOR GENERIC DRUG F	PRODUCTS											
					Authorized Ge	eneric *If Authori	ed Generic, other section		PHAF		ER / BILL UNI	т			
I. Orange Book Rating:	AP			-			not applicable	Rec. sell unit to custo			Rx billing u		acv:		
II. Generic Equivalent to Wha								1 v				Each	acy.		
								(Write-in, e.g. 1 Vial)				Gram			
		DRUG S	UPPLY CHAIN SECURITY AC	T (DSCSA) INFORMATI	ON							Milliliter			
Does supplier meet DSCSA d	definition of manufact	uror?	Yes	GLN:				7		ND PACKING	INFORMATI	ON			
Is product exempt from DSCSA			No	GLN.						ACKING					
If yes, select exemption:				_					Weight Lbs.	Dime	nsions (US m	ismts.)	Volume	# Pieces:	
Other exemption - Write in:									weight Lbs.	Depth	Height	Width	(Cube)	# Fleces.	
Is product repackaged?			No	If Yes, was from mfr?	original produc	ct purchased direct		Item:	0.43	2.559	5.1181	2.559	33.5157806	1	
Is product sold by manufactu Has FDA granted waiver/exce			No		h documentati	on from FDA.		Box/Carton/Bundle/				0.7		1.7	
	,							Inner Pack:	5.811	11.06	5.94	8.5	558.4194	12	
			GTIN PRODUCT INFO					Case:	13.086	12.008	13.386	9.449	1518.82364	24	
			Level	Saleable Unit		• •			10.000	.2.000	10.000	00	.5.0.02004		
Serialized?	Voc		x Item	x x	2D	Quantity Linear 1	GTIN-14 00355150386017	Pallet:	818.179	48	58.54	40	112396.8	1440	
If not, when?	100		x Box/Carton/Bundle/Inner Pack		2D	Linear 12	30355150386018	UPC:	Case:	503551503	86012		1		
Items aggregated?			X Case	x	2D	Linear 24	50355150386012		Carton:	003551503					
			x Pallet	x	2D	Linear 1440	70355150386016					WUOLEAN		V	
				┽╾╾┥┝╾╾┥	2D 2D	Linear		COST	INFORMATION			WHOLESAL	ER USE ONL	Y:	
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					2D	Linear		Invoice Cost (WAC) (\$)	\$50.18	Whsl. Code	#:			
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*Please provide any addition	al information on pag	e 2	Attach copy of SAFETY D	VATA SHEET (SDS) of no		, PACKAGE INSERT, Li ew p. 3 for Designated	ABEL AND PHOTO OF PRO	DUCT PACKAGING and E Signatu				Muramredd	y penchalaiah		
r lease provide any addition	a mormation on pag	C 4.			See he	w p. 5 tor Designated	brop anip only.	Signatu				wiuraffile00	y periorialalan		



Standard Pharmaceutical Product Information (Page 2)

		nated Drop Ship Only Products, Please Use Page 3
b. Converses / Does the productive Tackard? b. Converses / Department of the product requires general dealers in terms of the product requires general dealers of the product require	MATERIALI	HAZARD CLASSIFICATION and TRANSPORTATION
b C A free, 65 Carcingson and Reproductive Toxican? b The product a CA free 65 Carcingson and Reproductive Toxican? b C Corrective Stream of the product a CA free 65 Carcingson and the product a CA free 65 Carcing Carcingson and the product a CA free 65 Carcing Carcingson and the product a CA free 65 Carcing Carcingson and the product a CA free 65 Carcing Carcing Carcingson and the product a CArcing 65 Carcing Carcingson and the product a CArcing 65 Carcing Carci	Is this product (check all that apply):	
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c. Cottact Hazard? No d. Dest the product request special dear-up instructors? No e. Dest the product consol DEPP? No b. Bray sock target by the product consol DEPP? No b. Bray sock target by the product consol DEPP? No b. Bray sock target by the product consol DEPP? No b. Bray sock target by the product target by the pr		Steroid/Androgen Contact Hazard
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Is this product straighteed to relay hapments by DOT or UATA? No firste, arover a below will provide SOG) a. UMderdication Number b. Proper Signing Name c. DOT Hazard Class d. Packing Group a. Initiation Hazard? b. Prover Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Prosengier Campo b. Browd Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Prosengier Campo b. Browd Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Prosengier Campo b. Browd Signing Name c. DoT Hazard Class d. Packing Group a. Initiation Hazard? B. Here a REMS on this product? No HYse, is it managed with a pharmacy registry? No HYse, is its managed with a pharmacy registry? No Hyse, indicate is difficult for example, iPedge program? Hyse, indicate is difficult in column 7 of 45 CFR 172.1011; SPP (Decomments) Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments?		
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Cargo Cargo Is this a reportable quantity?	Is the product restricted for air shipment? If so, indicate restriction:	REMS or REGISTRY RESTRICTIONS
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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 Quantify Consumer Commodity, ORM-D Special Permit, DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP# ADD'L STORAGE INFORMATION Is the Product Controlled Systate(s)? ACCORS Reportable? Controlled Systate(s)? ACCORS Reportable? Controlled Systate(s)? Controlled Systa		
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if yes, identify method below) Image: Second Perry (yes CPR 172.101); Special Perry (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 173.4) Special Perry; (yes CPR 172.101); SP# DEA #:: Controlled Substance? No Controlled Substance Code Comments Listed Chemical (List for II) No If yes, indicate which: No Is a cheduled listed chemical product?: Contact tel. # if product received damaged: Restricted to restil, dines and physician offices only: No No restriction: Secial regulations or requirements for this product in certain states? Restricted to honeshal, clinics; and physician offices only: No Restricted to honeshal, clinics; (explain in comments) No Restricted to honeshal, clinics; (explain in comments) No <td< td=""><td></td><td></td></td<>		
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SP#		
ADD'L STORAGE INFORMATION NPI #: Is the Product Controlled Substance? NO Controlled Substance? NO Registry: ARCOS Reportable? NO Registry Program Contact Name: Phone: Schedule No. (inc. N for non-narcotic) NO Registry Program Contact Name: Phone: Listed Chemical (List I or II) NO NO RETURN INSTRUCTIONS I' yes, indicate which: NO Schedule No. for non-narcotic) Contact tel. # if product received damaged: 888-238-7880 I's a scheduled listed chemical product?: NO NO Sproduct received damaged: 189-238-7880 No restriction:: Sector VES dia to retail pharmacy. hospitab. clinics and physician offices Yes URL/Link to returns policy: Ittp://auromedics.com/policies/return-policy/ Restricted to retail pharmacy only: NO NO Special requirements for this product in certain states? If so, which states? Other requirements? Comments? Comments:		
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MISCELLANEOUS NOTES and/or Image of Product Barcode:	Comments:	
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	MISCELLA	NEOUS NOTES and/or image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if	
Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI	Purchase order daily receipt cut off time by supplier Cut off time:
b. Autofax Fax Number: c. Fax Fax Number: d. Phone only Phone No.:	Shipping lead time of PO: Hours Days
e. Supplier Web Site only Site Address:	Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Phone:	
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	Overnight receipt available:
Drop Ship service fee billed with each order:	PO Receipt cut off time:
Drop Ship miscellaneous fees billed:	Days of week overnight is available:
	Priority Overnight receipt available:
Class of Trade Restriction:	PO Receipt Cut off time:
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:	Saturday Overnight receipt available: PO Receipt Cut off time: Phone: Phone #: Order receipt method: Fax: EDI: Fax #: Overnight Fees apply: Overnight Fees apply:
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician/Clinic DEA #: Physician/Clinic Specialty: Miscellaneous Notes:	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?
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	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? Is product order for restocking purposes?