



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

Version 2020

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION

Company Name: Application:

Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):

DUNS:

Proprietary Name (if Applicable) and Established Name:

Selling Unit NDC: Unit of Use NDC: UPC:

UDI: CVX Code: MVX Code:

Description:

Active Ingredient(s):

URL for Additional Product Information:

Address: Address 2:

City: State: Zip:

Key Contact: Email:

Phone Number: Fax:

Product Therapeutic Classification:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

a. Temperature – Indicate the USP temperature range for this product.

Temperature Range: Other Temperature Range Requirement (write in): Notes:

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?

Special returns requirements for this product?

d. Store product (unit of sale) upright?

Protect product (unit of sale) from light?

e. Shelf life: Months

Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? <input type="text" value="No"/>	Is the Product... <input type="text" value="Neither"/>	Direct-Ship Only <input type="text" value="Neither"/>	Size: <input type="text" value="10 x 50 mL Single Dose Flexible Containers"/>
if yes, enter class # a product kit? <input type="text" value="No"/>	Is the Product... Orphan Drug Status <input type="text"/>		Strength: <input type="text" value="200 mcg per 50 mL (4 mcg/mL)"/>
if yes, list NDCs of component parts reverse numbered? <input type="text"/>	FDA Approval Status <input type="text"/>		Dosage Form: <input type="text" value="Liquid"/>
co-licensed? <input type="text" value="No"/>	Allergens Present <input type="text"/>		Product Shape: <input type="text" value="Infusion Bag"/>
latex-free? <input type="text" value="Yes"/>	Country of Origin <input type="text" value="India"/>		Product Color: <input type="text"/>
preservative-free? <input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)? <input type="text"/>		Product Imprint: <input type="text"/>
correctional institution block? <input type="text" value="No"/>			
opioid? <input type="text" value="No"/>			
Cannabinoid? <input type="text" value="No"/>			
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text"/>			
If Unit Dose, indicate NDC here: <input type="text"/>			

ORDER INFORMATION

Unit of Sale: Bottle, Box/Carton, Ampule, Glass, Tube, Vial Liquid Sgl, Vial Liquid Multi, Vial Powder Sgl, Vial Power Multi, Other: Write In

What is the NDC selling unit? (Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity?

If Yes, how many of which package type? Each, Inner/Carton/Pack, Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: Authorized Generic *If Authorized Generic, other section fields are not applicable

II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy: Each, Gram, Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? GLN:

Is product exempt from DSCSA?

If yes, select exemption:

Other exemption - Write in:

Is product repackaged? If Yes, was original product purchased direct from mfr?

Is product sold by manufacturer's exclusive distributor? If yes, attach documentation from FDA.

Has FDA granted waiver/exception/exemption for product?

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Width	Height		
Box/Carton/Bundle/Inner Pack:	2.972	12.4	8.465	6.89	723.21574	10
Case:	2.972	12.4	8.465	6.89	723.21574	1
Pallet:	365.918	48	40	53.23	102201.6	112

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each	10		50355150296106	
Box/Carton/Bundle/Inner Pack				
<input checked="" type="checkbox"/> Case	1		50355150296106	
<input type="checkbox"/> Pallet	112		70355150296100	

COST INFORMATION

Regular Cost:

Invoice Cost (WAC) (\$):

As of date:

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:

Version 2020

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION													
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? No</p> <p>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</p> <p>c. Contact Hazard? No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) No</p> <p>e. Does the product contain DEHP? No</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) No</p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? No</p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) No</p> <p>a. UN/Identification Number <input style="width: 100%;" type="text"/></p> <p>b. Proper Shipping Name <input style="width: 100%;" type="text"/></p> <p>c. DOT Hazard Class <input style="width: 100%;" type="text"/></p> <p>d. Packing Group <input style="width: 100%;" type="text"/></p> <p>e. Inhalation Hazard? <input style="width: 100%;" type="text"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? <input style="width: 100%;" type="text"/></p> <p>RQ Threshold: <input style="width: 100%;" type="text"/></p> <p>Is this a marine pollutant? <input style="width: 100%;" type="text"/></p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# <input style="width: 100%;" type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;"><input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;">Is the product a NIOSH hazardous drug? If yes, indicate which: <input style="width: 100%;" type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">Hazardous Waste Identification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">EPA Hazardous Waste Code: <input style="width: 95%;" type="text"/></td> <td style="width: 40%; border: none;">Waste Characteristics <input style="width: 95%;" type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input style="width: 100%;" type="text"/></p> <p>Med Guide Required <input style="width: 100%;" type="text"/></p> <p>Limited Distribution Requirement <input style="width: 100%;" type="text"/></p> <p>Comments / Details: (For example, iPledge program?) <input style="width: 100%;" type="text"/></p> <p>REMS: No</p> <p>REMS Program Manager Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/></p> <p>Supplier Manages REMS registry exclusively: Wholesale distributor support: <input style="width: 100%;" type="text"/></p> <p>Provider Name: <input style="width: 100%;" type="text"/> DEA #: <input style="width: 100%;" type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input style="width: 100%;" type="text"/> PCPDP#: <input style="width: 100%;" type="text"/></p> <p>NPI #: <input style="width: 100%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> <p>Registry:</p> <p>Registry Program Contact Name: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100%;" type="text"/>		Is the product a NIOSH hazardous drug? 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ADD'L STORAGE INFORMATION													
<p>Is the Product...</p> <p>Controlled Substance? No Controlled Substance Code <input style="width: 100%;" type="text"/></p> <p>Controlled by State(s)? No Listed Chemical (List I or II) No</p> <p>ARCOS Reportable? No If yes, indicate which: <input style="width: 100%;" type="text"/></p> <p>Schedule No. <input style="width: 100%;" type="text"/> Is it a scheduled listed chemical product?: No</p>													
CLASS OF TRADE RESTRICTION:													
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes</p> <p>Restricted to retail pharmacy only: No</p> <p>Restricted to hospital, clinics, and physician offices only: No</p> <p>Restricted from US territories? (explain in comments) No</p> <p>Comments: <input style="width: 100%;" type="text"/></p>													
RETURN INSTRUCTIONS													
<p>Contact tel. # if product received damaged: <input style="width: 100%;" type="text" value="888-238-7880"/></p> <p>Is product returnable for credit: Yes</p> <p>URL/Link to returns policy: <input style="width: 100%;" type="text" value="http://auromedics.com/policies/return-policy/"/></p> <p>Special regulations or returns requirements for this product in certain states? <input style="width: 100%;" type="text"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%;" type="text"/></p>													
MISCELLANEOUS NOTES and/or Image of Product Barcode:													
<input style="width: 100%; height: 100%;" type="text"/>													



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



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City: State: Zip:

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b. Contact for temperature excursion questions:

Name: Number: Group E-mail:

c. Special regulations for product in any states?

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d. Store product (unit of sale) upright?

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if yes, list NDCs of component parts reverse numbered? <input type="text" value="No"/>	Allergens Present <input type="text"/>	Product Shape: <input type="text" value="Infusion Bag"/>	Dosage Form: <input type="text" value="Liquid"/>
co-licensed? <input type="text" value="No"/>	Country of Origin <input type="text" value="India"/>	Product Color: <input type="text"/>	Product Imprint: <input type="text"/>
latex-free? <input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)? <input type="text"/>		
preservative-free? <input type="text" value="Yes"/>			
correctional institution block? <input type="text" value="No"/>			
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GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
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<input type="checkbox"/> Box/Carton/Bundle/Inner Pack				
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<input type="checkbox"/> Pallet	112		70355150297107	

COST INFORMATION

Regular Cost:

Invoice Cost (WAC) (\$):

As of date:

WHOLESALE USE ONLY:

Vendor #:

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(if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# <input style="width: 50px;" type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;"> <input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100px;" type="text"/> </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;"> Is the product a NIOSH hazardous drug? <input style="width: 100px;" type="text"/> If yes, indicate which: <input style="width: 100%; height: 15px;" type="text"/> </td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">Hazardous Waste Identification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">EPA Hazardous Waste Code: <input style="width: 90%;" type="text"/></td> <td style="width: 40%; border: none;">Waste Characteristics <input style="width: 90%;" type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Med Guide Required <input style="width: 100px;" type="text"/></p> <p>Limited Distribution Requirement <input style="width: 100px;" type="text"/></p> <p>Comments / Details: (For example, iPledge program?) <input style="width: 100%; height: 20px;" type="text"/></p> <p>REMS: No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">REMS Program Manager Name: <input style="width: 90%;" type="text"/></td> <td style="width: 40%;">Phone: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2">Supplier Manages REMS registry exclusively: <input style="width: 100px;" type="text"/></td> </tr> <tr> <td colspan="2">Wholesale distributor support: <input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Provider Name: <input style="width: 90%;" type="text"/></td> <td>DEA #: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Site Enrollment Number assigned by Supplier: <input style="width: 90%;" type="text"/></td> <td>PCPDP#: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2">NPI #: <input style="width: 90%;" type="text"/></td> </tr> </table> <p>Comments <input style="width: 100%; height: 20px;" type="text"/></p> <p>Registry:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Registry Program Contact Name: <input style="width: 90%;" type="text"/></td> <td style="width: 40%;">Phone: <input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2">Comments <input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: <input style="width: 100px;" type="text"/>		Is the product a NIOSH hazardous drug? <input style="width: 100px;" type="text"/> If yes, indicate which: <input style="width: 100%; height: 15px;" type="text"/>		EPA Hazardous Waste Code: <input style="width: 90%;" type="text"/>	Waste Characteristics <input style="width: 90%;" type="text"/>	REMS Program Manager Name: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>	Supplier Manages REMS registry exclusively: <input style="width: 100px;" type="text"/>		Wholesale distributor support: <input style="width: 100px;" type="text"/>		Provider Name: <input style="width: 90%;" type="text"/>	DEA #: <input style="width: 90%;" type="text"/>	Site Enrollment Number assigned by Supplier: <input style="width: 90%;" type="text"/>	PCPDP#: <input style="width: 90%;" type="text"/>	NPI #: <input style="width: 90%;" type="text"/>		Registry Program Contact Name: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>	Comments <input style="width: 100%; height: 20px;" type="text"/>	
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ADD'L STORAGE INFORMATION																													
<p>Is the Product...</p> <p>Controlled Substance? No Controlled Substance Code <input style="width: 100px;" type="text"/></p> <p>Controlled by State(s)? No Listed Chemical (List I or II) No</p> <p>ARCOS Reportable? No If yes, indicate which: <input style="width: 100px;" type="text"/></p> <p>Schedule No. <input style="width: 50px;" type="text"/> Is it a scheduled listed chemical product?: No</p>																													
CLASS OF TRADE RESTRICTION:																													
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes</p> <p>Restricted to retail pharmacy only: No</p> <p>Restricted to hospital, clinics, and physician offices only: No</p> <p>Restricted from US territories? (explain in comments) No</p> <p>Comments: <input style="width: 100%; height: 20px;" type="text"/></p>																													
RETURN INSTRUCTIONS																													
<p>Contact tel. # if product received damaged: <input style="width: 100px;" type="text"/> 888-238-7880</p> <p>Is product returnable for credit: Yes</p> <p>URL/Link to returns policy: <input style="width: 100%; height: 20px;" type="text"/> http://auromedics.com/policies/return-policy/</p> <p>Special regulations or returns requirements for this product in certain states? <input style="width: 100px;" type="text"/></p> <p>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 20px;" type="text"/></p>																													
MISCELLANEOUS NOTES and/or Image of Product Barcode:																													
<input style="width: 100%; height: 100%;" type="text"/>																													



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

Version 2020

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