

Version 2024						Introduction T	Туре:	New Item		Final Version			Date:	11/13/	/2024
			PRODUCT INFORMAT	ION						SPECIAL HAN	DLING AND STOR	AGE REQUI	REMENTS*		
Company Name:	Eugia US LLC					Applicat	tion:	ANDA	a. Temperature - Ind	icate the USP tempe	erature range for th	nis product.			
Application Number for NDA/AN	DA/BLA; PMA/510	0(k): 202669							Tempe	rature Range	Controlled Room -	- between 20	and 25 C (68	3° – 77° F)	
Medical Device Class, if applical	ble:								T						
DUNS:	968961354								Other '	Temperature Range F	Requirement				
Proprietary Name (If Applicable) a		ame: Fluoroui	racil Injection USP							write in)					
Selling Unit NDC:	55150-498-01		Unit of Use NDC:		55150-498-01		355150498	017	Notes						
UDI			CVX Code:			MVX Code:									
Description: Fluorouracil Injection USP 2.5g/50mL (50mg/mL) Is this product to be shipped to customers on ice?											No				
									Is this	product to be shipped	d to customers on d	ry ice?		No	
Active Ingredient(s):		Fluorouracil Injection	USP												
URL for Additional Product Inform		https://ourieus.or	om/products/? sft alp	hahat-us					b. Contact for tempe Name:			Eugia US Cu	ustomor Con	rion	
Address:	279 Princeton-Hi		om/products/: sit alpi	nabet-III	T	Address 2:			Numb			888-238-788		ice	
City:	East Windsor	gillotomii rtoda			State:	NJ	Zip : 08	520		E-mail:				ugiaUS.com	
Key Contact:					Email:				<u>outernesses augutositom</u>						
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special regulation	s for product in any	states?			No	
Product Therapeutic Classificatio	n:	ANTIMETABOLITE							Specia	l returns requirement	s for this product?			No	
					_				_						
	ADDIT	IONAL PRODUCT INFO	ORMATION			PRODUCT I	DESCRIPTION	ON INFORMATION	d. Store product (uni	t of sale) upright?				Yes	
The product is?			Is the Product	Direct-Ship C	Only				Protec	t product (unit of sa	ile) from light?			Yes	
a legend device?		No	Is the Product			Size:	1 Vi	al	e. Shelf life:					24	Months
if yes, enter class #			Orphan Drug Status						Initial	shelf life at launch (if different):				Months
a product kit?		No				Strength:	2.5	g/50 mL			ORDER INFORM	ATION			
if yes, list NDCs of component parts			FDA Approval Status				Inio	ction			ORDER INFORM	IATION			
reverse numbered?		No				Dosage Forn	m:	SHOTT	Unit o	Sale		What is the	NDC selling	unit?	
co-licensed?		No	Allergens Present							Bottle			ial (55150-49		
latex-free?		Yes				Product Sha	Vial	Pack	x	Box/Carton			g. 1 Box of 1		
preservative-free?		Yes				Product Sna	ipe:			Ampule					
correctional institution block?		Yes				Product Cold	or:			Glass		Minimum or	rder quantity	/?	Yes
opioid?		No								Tube					
Cannabinoid?	and described	No	Country of Origin			Product Imp	rint:			Vial Liquid Sgl		W. W			
If Unit Dose, is item bar coded to unhospital scanning?	unit dose for		Is this product covered ur	ador the						Vial Liquid Multi Vial Powder Sql		If Yes, now	Each	ich package ty	type?
If Unit Dose, indicate NDC here:			Trade Agreements Act (T							Vial Power Multi			Inner/Cartor	n/Pack	
iii criiii 2000, irialoato 1120 iloro.]							Other: Write In		1	Case	vi don	
			FOR GENERIC DRUG PRO	DDUCTS									-		
					Au	thorized Generic		ed Generic, other		PH	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AP						section field	ds are not applicable	Rec. sell unit to cust	omer?		Rx billing u	nit to pharm	acy:	
II. Generic Equivalent to What Bra	ınd?:	Fluorouracil Injection	, USP 50mg/mL by Fresenia	ıs Kabi USA LI	LC				1 V	ial		х	Each		
									(Write-in, e.g. 1 Vial)				Gram		
		DRUG SUPPLY	CHAIN SECURITY ACT (I	DSCSA) INFOR	RMATION				HCPCS J-Code:		1	X	Milliliter		
Does supplier meet DSCSA defini	tion of manufactu	ırer?	Yes	П	GLN:					ITEM	AND PACKING IN	FORMATIO	N		
Is product exempt from DSCSA?	nion or manaracta		No	-	OLIV.										
If yes, select exemption:					GCP:				1		Dimensio	ons (US msn	nte \	Volume	Saleable #
Other exemption - Write in:					GCF.				1	Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?			No		If yes, was or	riginal product pure	chased		Item/Each:	0.400					
Is product sold by manufacturer's	exclusive distrib	utor?	No		direct from m					0.189	2.24	2.05	3.54	16.25568	1
Has FDA granted waiver/exception	n/exemption for p	roduct?	No		Provide sour	ce manufacturer fo	or repackage	d product	Box/Carton/Bundle/	4.676	11.06	7.32	4.17	337.59986	15
If yes, attach documentation from	m FDA.								Inner Pack:	4.070	11.00	7.02	4.17	307.33300	10
		OTIN	AND HIBCC PRODUCT IN	FORMATION					Case:	9.965	12.402	8.464	9.842	1033.1199	30
		GIIN	AND HIBCC PRODUCT IN	IFORMATION					Pallet:						
Saleable Unit of Measure	RFID tag(Y/N)	Saleable	HIBCC		GTI	N-14	Un	it of Use GTIN-14	Fallet.	830.258	48	40	58.26	111859.2	2400
Calcabio Cint of Moadare	ra ib tag(1/14)	Quantity	TIIDOO		011		O.	11 01 030 01111 14							
Item/Each		1			003	55150498017									
Box/Carton/Bundle/Inner Pack		15				55150498018			CC	ST INFORMATION			WHOLESAL	ER USE ONLY	Y:
Case		30				55150498012									
Pallet		2400			703	55150498016			Regular Cost	•		Vendor #:			
							_		Invoice Cost (WAC) (>)	\$14.65	Whsl. Code Fineline Co			
									As of date:	12/3/2024		i ineline Co	ue.		
												1			
							_								
			Attach copy of SAFETY DA	TA SHEET (SE	S) or non haza	rd letter, PACKAGE	INSERT, LA	BEL AND PHOTO OF F	PRODUCT PACKAGING a	ind BARCODE.					
*Please provide any additional inf	ormation on page	2.				See new p. 3 for	Designated	Drop Ship Only.	Signat	ure:					



Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

	M	ATERIAL HAZ	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply):								
a. Cytotoxic? Yes			SDS Hazard Classification					
b. CA Prop. 65 Carcinogen or Reprod	b. CA Prop. 65 Carcinogen or Reproductive Toxicant?							
Is the product a CA Prop 65 car	rcinogen?	No	Organic	Corrosive				
Is the product a CA Prop 65 reproductive toxicant?			Inorganic	Oxidizer				
Does the product label bear a CA Prop 65 warning?			Steroid/Androgen	Contact Hazard				
c. Contact Hazard?			Does the product have an Aerosol class? If yes,	No				
d. Does this product require special clean-up instructions?			identify NFPA Storage Level:					
(If yes, attach SDS with special instructions.)			NFPA Storage Level:					
e. Does the product contain DEHP?		No						
Is this product regulated for shipment by	v DOT?	Yes	Is the product a NIOSH hazardous drug?	Yes				
(if yes, answer a-e below and provide			If yes, indicate which:	Group 1 items (antineoplastic)				
a. UN/Identification Number	UN3082		,,					
b. Proper Shipping Name	Environmentally hazardous substances, liquid, n.o.	s.						
c. DOT Hazard Class	9 - Class 9 - Miscellaneous hazardous material 49	CFR	Haza	rdous Waste Identification				
d. Packing Group	III - Minor Danger							
e. Inhalation Hazard?	-		EPA Hazardous Waste Code:		Waste Characteristics			
Is this product regulated for shipment by	v IATA?	Yes	-	•	-			
(if yes, answer a-e below and provide		. 00	REMS o	r REGISTRY RESTRICTIONS				
a. UN/Identification Number	3082							
b. Proper Shipping Name	Environmentally hazardous substance, liquid, n.o.s		Is there a REMS on this product?	No				
c. DOT Hazard Class	9 - Miscellaneous Dangerous Substances and Artic		If Yes, is it managed with a pharmacy registry?					
d. Packing Group	III - Low danger		Website URL:					
e. Inhalation Hazard?								
Is the product restricted for air shipment	t2 If so indicate restriction:	No	Med Guide Required	No				
Passenger	t: II so, indicate restriction.	INU	Limited Distribution Requirement	NO				
Cargo			Comments / Details: (For example, iPledge program?)					
Passenger & Cargo			Comments / Betails. (For example, if leage program:)					
			DEMO:	N-				
Is this a reportable quantity? Yes RQ Threshold: 500			REMS:	No	Dhana			
Is this a marine pollutant?			REMS Program Manager Name: Supplier Manages REMS registry exclusively:		Phone:			
	_ orized DOT exception or Special Permit?		Wholesale distributor support:					
(if yes, identify method	·		Provider Name:		DEA #:			
Limited Quantity	i below)		Site Enrollment Number assigned		NCPDP#:			
Consumer Commodity, ORM-D			by Supplier:		NPI #:			
Small Quantity (49 CFR 173.4)			Бу барриот.		10.1%.			
Special Permit; DOT-SP			Comments					
Special Provision (listed in Col	umn 7 of 49 CFR 172.101):							
SP#	7		Registry:					
G			Registry Program Contact Name:		Phone:			
ADD	D'L STORAGE INFORMATION		Comments		. Hone.			
			Comments					
Is the Product Controlled Substance? No	Controlled Substance Code			ETURN INSTRUCTIONS				
Controlled Substance?	Listed Chemical (List I or II)	No	N.	ETOKN INSTRUCTIONS				
ARCOS Reportable?	If yes, indicate which:	INU	Contact tel. # if product received damaged:					
Schedule No.	Is it a scheduled listed chemical product?:	No	·	Yes				
	•	140	Is product returnable for credit:	res				
CLAS	SS OF TRADE RESTRICTION:		URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy	, hospitals, clinics and physician offices	Yes	https://eugiaus.co	om/policies/return-policy/				
Restricted to retail pharmacy only:		No	Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physi	ician offices only:	No	product in certain states?					
Restricted from US territories? (explain		No	If so, which states? Other requirements? Comments?					
, ,		. 10						
Comments:								
	N	ISCELLANE	OUS NOTES and/or Image of Product Barcode:					



Version 2024

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing					
Purchase orders may be accepted by: a. EDI b. Autofax Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:					
c. Fax Sumber: Phone No.:	Shipping lead time of PO: Hours Days					
e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:					
Expedited Freight Charges or Other Designated Drop Ship Fees:	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: Comments:	Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday					
	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: Fax: EDI: Overnight Fees apply: Other 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:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?					
Miscellaneous Notes:						
	ADDITIONAL INFORMATION					
	Is product order for restocking purposes?					



Version 2024					Introduction	Гуре:	New Item		Final Version			Date:	11/13/	/2024	
PRODUCT INFORMATION								SPECIAL HANDLING AND STORAG			AGE REQUIREMENTS*				
Company Name: Eugia US LLC Application: ANDA							ANDA	a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA/AN	DA/BLA; PMA/510	0(k): 20266	9						Tei	mperature Range	Controlled Room -	- between 20	and 25 C (68	э° – 77° F)	
Medical Device Class, if applical															
DUNS:	968961354								Oth	ner Temperature Range F	Requirement				
Proprietary Name (If Applicable) a	55150-499-01	ame: Fluoro	uracil Injection USP Unit of Use NDC:		55150-499-01	UPC-	355150499	044		(write in)					
Selling Unit NDC: UDI	33130-499-01		CVX Code:		33130-499-01	MVX Code:	333130499	014	No	ies					
Description:	Fluorouracii Injection USP 5g/100mL							1	his product to be shipped	d toto	-2		No		
Description:	Fluorouracii injed	alon USP 5g/100mL								his product to be shipped his product to be shipped				No	
Active Ingredient(s): Fluorouracil Injection USP								1	ino product to be emppe	2 10 00010111010 011 0	.,				
		_							b. Contact for ten	perature excursion que	estions:				
URL for Additional Product Inform			com/products/? sft alp	<u>habet=m</u>					Na				ustomer Serv	ice	
Address: City:	279 Princeton-Hi East Windsor	ghtstown Road			State:	Address 2: NJ	Zip : 08	E20		mber:		888-238-788		vaiaLIC aava	
Key Contact:	East Willusui				Email:	INJ	Zip: 00	520	Group E-mail:				CustomerService@EugiaUS.com		
Phone Number:	888-238-7880				Fax:	732-355-9449			c. Special regulat	ions for product in any	states?			No	
Product Therapeutic Classification	n:	ANTIMETABOLITE							Sp	ecial returns requirement	s for this product?			No	
										·	•				
	ADDIT	IONAL PRODUCT IN	FORMATION			PRODUCT	DESCRIPTIO	ON INFORMATION	d. Store product	(unit of sale) upright?				Yes	
The product is?			Is the Product	Direct-Ship	Only					otect product (unit of sa	ile) from light?			Yes	
a legend device?		No	Is the Product			Size:	1 Vi	al	e. Shelf life:					24	Months
if yes, enter class # a product kit?		No	Orphan Drug Status				F ~/	100 mL	Init	tial shelf life at launch (if different):				Months
if yes, list NDCs of		INO	FDA Approval Status			Strength:	5 g/	100 ML			ORDER INFORM	IATION			
component parts			1 2717 Approval Gladao			B	n, Injed	ction							
reverse numbered?		No				Dosage Fori	m: '		Un	it of Sale			NDC selling		
co-licensed?		No	Allergens Present							Bottle		1 Box of 1 V			
latex-free? preservative-free?		Yes				Product Sha	ipe: Vial	Pack		x Box/Carton Ampule		(Write-in, e.	g. 1 Box of 1	J Vials)	
correctional institution block?		Yes Yes								Glass		Minimum o	rder quantity	12	Yes
opioid?		No				Product Col	or:			Tube		William Ci	der quartity		103
Cannabinoid?		No	Country of Origin			Product Imp	rint:			Vial Liquid Sgl					
If Unit Dose, is item bar coded to u	unit dose for					1 Todact IIIIp				Vial Liquid Multi		If Yes, how		ich package ty	ype?
hospital scanning? If Unit Dose, indicate NDC here:			Is this product covered u Trade Agreements Act (1							Vial Powder Sql Vial Power Multi			Each	/Deal	
Il Onit Dose, indicate NDC nere:			Trade Agreements Act (1	AA)!						Other: Write In		1	Inner/Cartor Case	Pack	
FOR GENERIC DRUG PRODUCTS								Culcii TTIILO III			Joaco				
												1			
					Aut	thorized Generic		ed Generic, other		PH	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AP					section fields are not applicable			Rec. sell unit to customer?			Rx billing unit to pharmacy:			
II. Generic Equivalent to What Bra	nd?:	Fluorouracil Injectio	n, USP 50mg/mL by Freseni	us Kabi USA L	LC					1 Vial		X	Each		
		DRIIG SHIPPI	Y CHAIN SECURITY ACT (DSCSA) INFO	PMATION				(Write-in, e.g. 1 V HCPCS J-Code:	ial)		x	Gram Milliliter		
		DROG GOLLE	TOTAL OLOGICATION	DOOON, IIII O	KINATION				nor do d'odde.		1	^	wiiiiiitei		
Does supplier meet DSCSA definit	tion of manufactu	irer?	Yes		GLN:					ITEN	AND PACKING IN	IFORMATIO	N		
Is product exempt from DSCSA?			No												
If yes, select exemption:					GCP:					Weight Lbs.		ons (US msn			Saleable #
Other exemption - Write in: Is product repackaged?			No		If was	iginal product pur	obaco-		Item/Each:	-	Depth	Width	Height	(Cube)	Pieces
Is product repackaged? Is product sold by manufacturer's	evelusive distrib	utor?	No	-	direct from m		cnased		item/Each:	0.43	2.56	2.56	5.12	33.554432	1
Has FDA granted waiver/exception			No			 ce manufacturer fo	or repackage	d product	Box/Carton/Bund	le/ 5.106	10.83	8.27	5.71	511.41101	12
If yes, attach documentation from	m FDA.							·	Inner Pack:	5.106	10.83	8.27	5.71	511.41101	12
		O.T.II	N AND HIBCC PRODUCT II	JEODMATION					Case:	28.037	17.323	11.417	12.598	2491.5908	48
		GII	N AND RIBCC PRODUCT II	NFORMATION					Pallet:						
Saleable Unit of Measure	RFID tag(Y/N)	Saleable	HIBCC		GTI	N-14	Un	it of Use GTIN-14	l l dilet.	621.822	48	40	58.26	111859.2	1008
		Quantity			_										
Item/Each		1				55150499014				COST INFORMATION			WILOLEO	ER USE ONLY	V
Box/Carton/Bundle/Inner Pack Case		12 48				55150499015 55150499019	-			COST INFORMATION			WHOLESAL	ER USE UNLY	1.
Pallet		1008				55150499013			Regular Cost			Vendor #:			
									Invoice Cost (WA	C) (\$)	\$29.30	Whsl. Code			
									П			Fineline Co	de:		
									As of date:	12/3/2024					
									[]						
 			Attach copy of SAFETY DA	TA SHEET (S	DS) or non hazar	d letter PACKAGE	INSERT I A	REL AND PHOTO OF	PRODUCT PACKAGIA	IG and BARCODE		<u> </u>			
*Please provide any additional info	ormation on page	2	/ maon copy of OAI ETT DA	III (OIILLI (O	DO, OI HOITHAZAI	See new n 3 for			Sic	inature:					



Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

	M	ATERIAL HAZ	ZARD CLASSIFICATION and TRANSPORTATION					
Is this product (check all that apply):								
a. Cytotoxic? Yes			SDS Hazard Classification					
b. CA Prop. 65 Carcinogen or Reprod	b. CA Prop. 65 Carcinogen or Reproductive Toxicant?							
Is the product a CA Prop 65 car	rcinogen?	No	Organic	Corrosive				
Is the product a CA Prop 65 reproductive toxicant?			Inorganic	Oxidizer				
Does the product label bear a CA Prop 65 warning?			Steroid/Androgen	Contact Hazard				
c. Contact Hazard?			Does the product have an Aerosol class? If yes,	No				
d. Does this product require special clean-up instructions?			identify NFPA Storage Level:					
(If yes, attach SDS with special instructions.)			NFPA Storage Level:					
e. Does the product contain DEHP?		No						
Is this product regulated for shipment by	v DOT?	Yes	Is the product a NIOSH hazardous drug?	Yes				
(if yes, answer a-e below and provide			If yes, indicate which:	Group 1 items (antineoplastic)				
a. UN/Identification Number	UN3082		,,					
b. Proper Shipping Name	Environmentally hazardous substances, liquid, n.o.	s.						
c. DOT Hazard Class	9 - Class 9 - Miscellaneous hazardous material 49	CFR	Haza	rdous Waste Identification				
d. Packing Group	III - Minor Danger							
e. Inhalation Hazard?	-		EPA Hazardous Waste Code:		Waste Characteristics			
Is this product regulated for shipment by	v IATA?	Yes	-	•	-			
(if yes, answer a-e below and provide		. 00	REMS o	r REGISTRY RESTRICTIONS				
a. UN/Identification Number	3082							
b. Proper Shipping Name	Environmentally hazardous substance, liquid, n.o.s		Is there a REMS on this product?	No				
c. DOT Hazard Class	9 - Miscellaneous Dangerous Substances and Artic		If Yes, is it managed with a pharmacy registry?					
d. Packing Group	III - Low danger		Website URL:					
e. Inhalation Hazard?								
Is the product restricted for air shipment	t2 If so indicate restriction:	No	Med Guide Required	No				
Passenger	t: II so, indicate restriction.	INU	Limited Distribution Requirement	NO				
Cargo			Comments / Details: (For example, iPledge program?)					
Passenger & Cargo			Comments / Betails. (For example, if leage program:)					
			DEMO:	N-				
Is this a reportable quantity? Yes RQ Threshold: 500			REMS:	No	Dhana			
Is this a marine pollutant?			REMS Program Manager Name: Supplier Manages REMS registry exclusively:		Phone:			
	_ orized DOT exception or Special Permit?		Wholesale distributor support:					
(if yes, identify method	·		Provider Name:		DEA #:			
Limited Quantity	i below)		Site Enrollment Number assigned		NCPDP#:			
Consumer Commodity, ORM-D			by Supplier:		NPI #:			
Small Quantity (49 CFR 173.4)			Бу барриот.		10.1%.			
Special Permit; DOT-SP			Comments					
Special Provision (listed in Col	umn 7 of 49 CFR 172.101):							
SP#	7		Registry:					
G			Registry Program Contact Name:		Phone:			
ADD	D'L STORAGE INFORMATION		Comments		. Hone.			
			Comments					
Is the Product Controlled Substance? No	Controlled Substance Code			ETURN INSTRUCTIONS				
Controlled Substance?	Listed Chemical (List I or II)	No	N.	ETOKN INSTRUCTIONS				
ARCOS Reportable?	If yes, indicate which:	INU	Contact tel. # if product received damaged:					
Schedule No.	Is it a scheduled listed chemical product?:	No	·	Yes				
	•	140	Is product returnable for credit:	res				
CLAS	SS OF TRADE RESTRICTION:		URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy	, hospitals, clinics and physician offices	Yes	https://eugiaus.co	om/policies/return-policy/				
Restricted to retail pharmacy only:		No	Special regulations or returns requirements for this					
Restricted to hospital, clinics, and physi	ician offices only:	No	product in certain states?					
Restricted from US territories? (explain		No	If so, which states? Other requirements? Comments?					
, ,		. 10						
Comments:								
	N	ISCELLANE	OUS NOTES and/or Image of Product Barcode:					



Version 2024

FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing					
Purchase orders may be accepted by: a. EDI b. Autofax Fax Number:	Purchase order daily receipt cut off time by supplier Cut off time:					
c. Fax Sumber: Phone No.:	Shipping lead time of PO: Hours Days					
e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Phone:	Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:					
Expedited Freight Charges or Other Designated Drop Ship Fees:	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: Comments:	Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday					
	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: Fax: EDI: Overnight Fees apply: Other 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:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?					
Miscellaneous Notes:						
	ADDITIONAL INFORMATION					
	Is product order for restocking purposes?					