



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

Version 2024 Introduction Type: New Item Final Version Date: 11/13/2024

PRODUCT INFORMATION

Company Name: Eugia US LLC Application: ANDA
 Application Number for NDA/ANDA/BLA; PMA/510(k): 202669
 Medical Device Class, if applicable:
 DUNS: 968961354
 Proprietary Name (If Applicable) and Established Name: Fluorouracil Injection USP
 Selling Unit NDC: 55150-498-01 Unit of Use NDC: 55150-498-01 UPC: 355150498017
 UDI: CVX Code: MVX Code:
 Description: Fluorouracil Injection USP 2.5g/50mL (50mg/mL)
 Active Ingredient(s): Fluorouracil Injection USP
 URL for Additional Product Information: https://eugiaus.com/products/?_sft_alphabet=m
 Address: 279 Princeton-Hightstown Road East Windsor NJ 08520
 City: East Windsor State: NJ Zip: 08520
 Key Contact: Email:
 Phone Number: 888-238-7880 Fax: 732-355-9449
 Product Therapeutic Classification: ANTIMETABOLITE

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):
 Notes:
 Is this product to be shipped to customers on ice? No
 Is this product to be shipped to customers on dry ice? No

b. Contact for temperature excursion questions:
 Name: Eugia US Customer Service
 Number: 888-238-7880
 Group E-mail: CustomerService@EugiaUS.com

c. Special regulations for product in any states?
 Special returns requirements for this product? No

d. Store product (unit of sale) upright? Yes
 Protect product (unit of sale) from light? Yes

e. Shelf life:
 Initial shelf life at launch (if different): 24 Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is? a legend device? <input type="checkbox"/> No	Is the Product... Is the Product... <input type="checkbox"/> Direct-Ship Only	Size:	1 Vial
if yes, enter class # a product kit? <input type="checkbox"/> No	Orphan Drug Status <input type="checkbox"/>	Strength:	2.5 g/50 mL
if yes, list NDCs of component parts reverse numbered? <input type="checkbox"/> No	FDA Approval Status <input type="checkbox"/>	Dosage Form:	Injection
co-licensed? <input type="checkbox"/> No	Allergens Present <input type="checkbox"/>	Product Shape:	Vial Pack
latex-free? <input type="checkbox"/> Yes	Country of Origin <input type="checkbox"/>	Product Color:	
preservative-free? <input type="checkbox"/> Yes	Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/>	Product Imprint:	
correctional institution block? opioid? <input type="checkbox"/> No			
Cannabinoid? <input type="checkbox"/> No			
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/>			
If Unit Dose, indicate NDC here: <input type="checkbox"/>			

ORDER INFORMATION

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Box of 1 Vial (55150-498-01)
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	Minimum order quantity? <input type="checkbox"/> Yes
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="checkbox"/> Each
<input type="checkbox"/> Vial Powder Multi	<input type="checkbox"/> Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	<input type="checkbox"/> Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AP Authorized Generic *If Authorized Generic, other section fields are not applicable
 II. Generic Equivalent to What Brand?: Fluorouracil Injection, USP 50mg/mL by Fresenius Kabi USA LLC

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 Vial	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
HCPCS J-Code:	<input checked="" type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? Yes No
 Is product exempt from DSCSA?
 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
 If yes, attach documentation from FDA.
 GLN:
 GCP:
 If yes, was original product purchased direct from mfr?
 Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Item/Each:	0.189	2.24	2.05	3.54	16.25568	1
Box/ Carton/ Bundle/ Inner Pack:	4.676	11.06	7.32	4.17	337.59986	15
Case:	9.965	12.402	8.464	9.842	1033.1199	30
Pallet:	830.258	48	40	58.26	111859.2	2400

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each		1		00355150498017	
Box/ Carton/ Bundle/ Inner Pack		15		30355150498018	
Case		30		50355150498012	
Pallet		2400		70355150498016	

COST INFORMATION

Regular Cost
 Invoice Cost (WAC) (\$) \$14.65
 As of date: 12/3/2024

WHOLESALE USE ONLY:
 Vendor #:
 Whsl. Code #:
 Fineline Code:

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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? Yes

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? Yes
Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
(If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT?
(if yes, answer a-e below and provide SDS) Yes

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

d. Packing Group: III - Minor Danger

e. Inhalation Hazard?

Is this product regulated for shipment by IATA?
(if yes, answer a-e below and provide SDS) Yes

a. UN/Identification Number: 3082

b. Proper Shipping Name: Environmentally hazardous substance, liquid, n.o.s.

c. DOT Hazard Class: 9 - Miscellaneous Dangerous Substances and Articles

d. Packing Group: III - Low danger

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction: No

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity? Yes

RQ Threshold: 500

Is this a marine pollutant? No

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 Substance Code:

Controlled by State(s)? No Listed Chemical (List I or II) No

ARCOS Reportable? No If yes, indicate which:

Schedule No. Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

Organic Corrosive

Inorganic Oxidizer

Steroid/Androgen Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

NFPA Storage Level:

Is the product a NIOSH hazardous drug? Yes

If yes, indicate which: Group 1 items (antineoplastic)

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required No

Limited Distribution Requirement

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

NPI #:

Comments:

Registry:

Registry Program Contact Name: Phone:

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: Yes

URL/Link to returns policy: <https://eugiaus.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:



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

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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> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> c. Fax <input type="checkbox"/> d. Phone only <input type="checkbox"/> e. Supplier Web Site only <input type="checkbox"/> <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>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="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>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> <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <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: <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="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>



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

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PRODUCT INFORMATION

Company Name: Eugia US LLC Application: ANDA
 Application Number for NDA/ANDA/BLA; PMA/510(k): 202669
 Medical Device Class, if applicable:
 DUNS: 968961354
 Proprietary Name (If Applicable) and Established Name: Fluorouracil Injection USP
 Selling Unit NDC: 55150-499-01 Unit of Use NDC: 55150-499-01 UPC: 355150499014
 UDI CVX Code: MVX Code:
 Description: Fluorouracil Injection USP 5g/100mL
 Active Ingredient(s): Fluorouracil Injection USP
 URL for Additional Product Information: https://eugiaus.com/products/?_sft_alphabet=m
 Address: 279 Princeton-Hightstown Road Address 2:
 City: East Windsor State: NJ Zip: 08520
 Key Contact: Email:
 Phone Number: 888-238-7880 Fax: 732-355-9449
 Product Therapeutic Classification: ANTIMETABOLITE

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):
 Notes:
 Is this product to be shipped to customers on ice? No
 Is this product to be shipped to customers on dry ice? No

b. Contact for temperature excursion questions:
 Name: Eugia US Customer Service
 Number: 888-238-7880
 Group E-mail: CustomerService@EugiaUS.com

c. Special regulations for product in any states?
 Special returns requirements for this product? No

d. Store product (unit of sale) upright? Yes
 Protect product (unit of sale) from light? Yes

e. Shelf life:
 Initial shelf life at launch (if different): 24 Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is? a legend device? <input type="checkbox"/> No	Is the Product... Is the Product... <input type="checkbox"/> Direct-Ship Only	Size:	1 Vial
if yes, enter class # a product kit? <input type="checkbox"/> No	Orphan Drug Status <input type="checkbox"/>	Strength:	5 g/100 mL
if yes, list NDCs of component parts reverse numbered? <input type="checkbox"/> No	FDA Approval Status <input type="checkbox"/>	Dosage Form:	Injection
co-licensed? <input type="checkbox"/> No	Allergens Present <input type="checkbox"/>	Product Shape:	Vial Pack
latex-free? <input type="checkbox"/> Yes	Country of Origin <input type="checkbox"/>	Product Color:	
preservative-free? <input type="checkbox"/> Yes	Is this product covered under the Trade Agreements Act (TAA)? <input type="checkbox"/>	Product Imprint:	
correctional institution block? opioid? <input type="checkbox"/> No			
Cannabinoid? <input type="checkbox"/> No			
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/>			
If Unit Dose, indicate NDC here: <input type="checkbox"/>			

ORDER INFORMATION

Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Box of 1 Vial (55150-499-01)
<input type="checkbox"/> Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	Minimum order quantity? <input type="checkbox"/> Yes
<input type="checkbox"/> Glass	
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="checkbox"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="checkbox"/> Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	<input type="checkbox"/> Case

FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AP Authorized Generic *If Authorized Generic, other section fields are not applicable
 II. Generic Equivalent to What Brand?: Fluorouracil Injection, USP 50mg/mL by Fresenius Kabi USA LLC

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?	Rx billing unit to pharmacy:
1 Vial	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
HCPCS J-Code:	<input checked="" type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? Yes No
 Is product exempt from DSCSA?
 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
 If yes, attach documentation from FDA.
 GLN:
 GCP:
 If yes, was original product purchased direct from mfr?
 Provide source manufacturer for repackaged product

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	5.106	10.83	8.27	5.71	511.41101	12
Case:	28.037	17.323	11.417	12.598	2491.5908	48
Pallet:	621.822	48	40	58.26	111859.2	1008

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	RFID tag(Y/N)	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each		1		00355150499014	
Box/ Carton/ Bundle/ Inner Pack		12		30355150499015	
Case		48		50355150499019	
Pallet		1008		70355150499013	

COST INFORMATION

Regular Cost
 Invoice Cost (WAC) (\$) \$29.30
 As of date: 12/3/2024

WHOLESALE USE ONLY:
 Vendor #:
 Whsl. Code #:
 Fineline Code:

Version 2024

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? Yes

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? Yes
Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
(If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT?
(if yes, answer a-e below and provide SDS) Yes

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

d. Packing Group: III - Minor Danger

e. Inhalation Hazard?

Is this product regulated for shipment by IATA?
(if yes, answer a-e below and provide SDS) Yes

a. UN/Identification Number: 3082

b. Proper Shipping Name: Environmentally hazardous substance, liquid, n.o.s.

c. DOT Hazard Class: 9 - Miscellaneous Dangerous Substances and Articles

d. Packing Group: III - Low danger

e. Inhalation Hazard?

Is the product restricted for air shipment? If so, indicate restriction: No

Passenger

Cargo

Passenger & Cargo

Is this a reportable quantity? Yes

RQ Threshold: 500

Is this a marine pollutant? No

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 Substance Code:

Controlled by State(s)? No Listed Chemical (List I or II) No

ARCOS Reportable? No If yes, indicate which:

Schedule No. Is it a scheduled listed chemical product?: No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

SDS Hazard Classification

Organic Corrosive

Inorganic Oxidizer

Steroid/Androgen Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

NFPA Storage Level:

Is the product a NIOSH hazardous drug? Yes

If yes, indicate which: Group 1 items (antineoplastic)

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required No

Limited Distribution Requirement

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

NPI #:

Comments:

Registry:

Registry Program Contact Name: Phone:

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit: Yes

URL/Link to returns policy: <https://eugiaus.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:



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

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
<p>Purchase orders may be accepted by:</p> <ul style="list-style-type: none"> a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> <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>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="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>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> <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <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: <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="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>