



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

Version 2021

Introduction Type: Post Launch Change

Final Version

Date:

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: <input type="text" value="Eugia US LLC (f/k/a AuroMedics Pharma LLC)"/>		Application: <input type="text" value="ANDA"/>		a. Temperature – Indicate the USP temperature range for this product.		Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>	
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="076092"/>				Other Temperature Range Requirement (write in): <input type="text" value="Store at 20° to 25°C (68° to 77°F). [See USP Controlled Room Temperature.]"/>		Notes: <input type="text" value="Protect from light. Retain in carton until time of use."/>	
Medical Device Class, if applicable: <input type="text"/>				Is this product to be shipped to customers on ice? <input type="text" value="No"/>		Is this product to be shipped to customers on dry ice? <input type="text" value="No"/>	
DUNS: <input type="text" value="968961354"/>				b. Contact for temperature excursion questions:		Name: <input type="text" value="Kevin Cagnetti"/>	
Proprietary Name (If Applicable) and Established Name: <input type="text" value="Ketamine Hydrochloride Injection USP, 200 mg/20 mL (10 mg/mL) MDV"/>		Unit of Use NDC: <input type="text" value="55150-438-01"/>		UPC: <input type="text" value="355150438105"/>		Number: <input type="text" value="732-839-9400 x8009"/>	
Selling Unit NDC: <input type="text" value="55150-438-10"/>		CVX Code: <input type="text"/>		MXV Code: <input type="text"/>		Group E-mail: <input type="text" value="kcagnetti@EugiaUS.com"/>	
Description: <input type="text" value="Ketamine Hydrochloride Injection USP, 200 mg/20 mL (10 mg/mL) MDV"/>		Active Ingredient(s): <input type="text" value="Ketamine Hydrochloride"/>		c. Special regulations for product in any states?		Special returns requirements for this product? <input type="text" value="No"/>	
URL for Additional Product Information: <input type="text" value="eugiaus.com"/>		Address 2: <input type="text"/>		d. Store product (unit of sale) upright? <input type="text" value="No"/>		Protect product (unit of sale) from light? <input type="text" value="Yes"/>	
Address: <input type="text" value="279 Princeton-Hightstown Road"/>		State: <input type="text" value="NJ"/>		e. Shelf life:		Initial shelf life at launch (if different): <input type="text" value="36"/> Months	
City: <input type="text" value="East Windsor"/>		Zip: <input type="text" value="08520"/>		ORDER INFORMATION		Unit of Sale: <input checked="" type="checkbox"/> Bottle	
Key Contact: <input type="text"/>		Email: <input type="text" value="732-355-9449"/>		What is the NDC selling unit? <input type="text" value="1 box of 10 vials"/>		Minimum order quantity? <input type="text" value="Yes"/>	
Phone Number: <input type="text" value="888-238-7880"/>		Product Therapeutic Classification: <input type="text"/>		Product Shape: <input type="text" value="N/A"/>		If Yes, how many of which package type?	
				Product Color: <input type="text" value="N/A"/>		<input type="text"/> Each	
				Product Imprint: <input type="text" value="N/A"/>		<input type="text"/> Inner/Cartron/Pack	
				Product Description INFORMATION		<input type="text" value="1"/> Case	
				The product is? <input type="text" value="No"/>			
				Is the Product... Direct-Ship Only <input type="text" value="No"/>			
				Is the Product... Neither <input type="text" value="No"/>			
				Orphan Drug Status <input type="text"/>			
				Size: <input type="text" value="10x20 mL"/>			
				Strength: <input type="text" value="200 mg/20 mL (10 mg/mL)"/>			
				Dosage Form: <input type="text" value="Injection"/>			
				Product Shape: <input type="text" value="N/A"/>			
				Product Color: <input type="text" value="N/A"/>			
				Product Imprint: <input type="text" value="N/A"/>			
				FDA Approval Status <input type="text"/>			
				Allergens Present <input type="text"/>			
				Country of Origin: <input type="text" value="Ireland"/>			
				Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="Yes"/>			
				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"/>			
FOR GENERIC DRUG PRODUCTS				PHARMACY ORDER / BILL UNIT			
I. Orange Book Rating: <input type="text" value="AP"/>		<input type="checkbox"/> Authorized Generic		*If Authorized Generic, other section fields are not applicable		Rx billing unit to pharmacy: <input type="text" value="x"/> Milliliter	
II. Generic Equivalent to What Brand?: <input type="text" value="Ketalar"/>						Rec. sell unit to customer? <input type="text" value="(Write-in, e.g. 1 Vial)"/>	
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION				ITEM AND PACKING INFORMATION			
Does supplier meet DSCSA definition of manufacturer? <input type="text" value="Yes"/>		GLN: <input type="text"/>		Weight Lbs.		Dimensions (US msmts.)	
Is product exempt from DSCSA? <input type="text" value="No"/>		GCP: <input type="text"/>		Depth		Width	
If yes, select exemption: <input type="text"/>				Height		Volume (Cube)	
Other exemption - Write in: <input type="text"/>				Saleable #		Pieces	
Is product repackaged? <input type="text" value="No"/>		If yes, was original product purchased direct from mfr? <input type="text"/>		Item/Each:		10	
Is product sold by manufacturer's exclusive distributor? <input type="text" value="No"/>		Provide source manufacturer for repackaged product: <input type="text"/>		Box/Cartron/Bundle/Inner Pack:		0	
Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/>				Case:		60	
If yes, attach documentation from FDA. <input type="text"/>				Pallet:		6300	
GTIN AND HIBCC PRODUCT INFORMATION				COST INFORMATION			
Saleable Unit of Measure		Saleable Quantity		HIBCC		GTIN-14	
<input checked="" type="checkbox"/> Item/Each		10				Unit of Use GTIN-14	
Box/Cartron/Bundle/Inner Pack						Regular Cost	
Case		60				Invoice Cost (WAC) (\$)	
Pallet		6300				\$193.03	
						Vendor #:	
						Whsl. Code #:	
						Fineline Code:	
						As of date: <input type="text" value="11/22/2022"/>	
				WHOLESALE USE ONLY:			
				Regular Cost			
				Invoice Cost (WAC) (\$)			
				As of date: <input type="text" value="11/22/2022"/>			
				Vendor #:			
				Whsl. Code #:			
				Fineline Code:			

*Please provide any additional information on page 2.

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

See new p. 3 for Designated Drop Ship Only.

Signature:

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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.) Yes</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 type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="text"/></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 type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="text"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction: No</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? <input type="text"/></p> <p>RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="text"/></p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below) No</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 type="text"/></p>	<div style="background-color: #002060; color: white; padding: 2px; text-align: center; font-weight: bold;">SDS Hazard Classification</div> <table style="width: 100%; border: 1px solid black;"> <tr> <td><input checked="" type="checkbox"/> Organic</td> <td><input type="checkbox"/> Corrosive</td> </tr> <tr> <td><input type="checkbox"/> Inorganic</td> <td><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td><input type="checkbox"/> Steroid/Androgen</td> <td><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/></p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? If yes, indicate which: <input type="text"/></p>	<input checked="" 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 checked="" 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						
Hazardous Waste Identification							
EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/>							
REMS or REGISTRY RESTRICTIONS							
<p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input type="text"/></p> <p>Med Guide Required <input type="text"/></p> <p>Limited Distribution Requirement <input type="text"/></p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: Wholesale distributor support: <input type="text"/></p> <p>Provider Name: <input type="text"/> DEA #: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p>Registry:</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p>							
RETURN INSTRUCTIONS							
<p>Contact tel. # if product received damaged: <input type="text" value="888-238-7880"/></p> <p>Is product returnable for credit: <input type="text" value="Yes"/></p> <p>URL/Link to returns policy: <input type="text" value="https://eugiaus.com/policies/return-policy/"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>							
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="text" value="Yes"/> Controlled Substance Code <input type="text" value="7285"/></p> <p>Controlled by State(s)? <input type="text" value="No"/> Listed Chemical (List I or II) <input type="text" value="No"/></p> <p>ARCOS Reportable? <input type="text" value="No"/> If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text" value="3N"/> Is it a scheduled listed chemical product?: <input type="text" value="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 type="text"/></p>							
MISCELLANEOUS NOTES and/or Image of Product Barcode:							
Release DATE							



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

Version 2021

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 <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"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>



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PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*			
Company Name: <input type="text" value="Eugia US LLC (f/k/a AuroMedics Pharma LLC)"/>		Application: <input type="text" value="ANDA"/>		a. Temperature – Indicate the USP temperature range for this product.		Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>	
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): <input type="text" value="076092"/>				Other Temperature Range Requirement (write in): <input type="text" value="Store at 20° to 25°C (68° to 77°F). [See USP Controlled Room Temperature.]"/>		Notes: <input type="text" value="Protect from light. Retain in carton until time of use."/>	
Medical Device Class, if applicable: <input type="text"/>				Is this product to be shipped to customers on ice? <input type="text" value="No"/>		Is this product to be shipped to customers on dry ice? <input type="text" value="No"/>	
DUNS: <input type="text" value="968961354"/>				b. Contact for temperature excursion questions:			
Proprietary Name (If Applicable) and Established Name: <input type="text" value="Ketamine Hydrochloride Injection USP, 500 mg/10 mL (50 mg/mL) MDV"/>		Unit of Use NDC: <input type="text" value="55150-439-01"/>		UPC: <input type="text" value="355150439102"/>		Name: <input type="text" value="Kevin Cagnetti"/>	
Selling Unit NDC: <input type="text" value="55150-439-10"/>		CVX Code: <input type="text"/>		MVX Code: <input type="text"/>		Number: <input type="text" value="732-839-9400 x8009"/>	
Description: <input type="text" value="Ketamine Hydrochloride Injection USP, 500 mg/10 mL (50 mg/mL) MDV"/>		Active Ingredient(s): <input type="text" value="Ketamine Hydrochloride"/>		Group E-mail: <input type="text" value="kcagnetti@EugiaUS.com"/>			
URL for Additional Product Information: <input type="text" value="eugiaus.com"/>		Address 2: <input type="text"/>		c. Special regulations for product in any states?		Special returns requirements for this product? <input type="text" value="No"/>	
Address: <input type="text" value="279 Princeton-Hightstown Road"/>		State: <input type="text" value="NJ"/>		Zip: <input type="text" value="08520"/>			
City: <input type="text" value="East Windsor"/>		Email: <input type="text" value="732-355-9449"/>		d. Store product (unit of sale) upright? <input type="text" value="No"/>		Protect product (unit of sale) from light? <input type="text" value="Yes"/>	
Key Contact: <input type="text"/>		Fax: <input type="text"/>		e. Shelf life:		Initial shelf life at launch (if different): <input type="text" value="36"/> Months	
Phone Number: <input type="text" value="888-238-7880"/>							
Product Therapeutic Classification: <input type="text"/>							
ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION		ORDER INFORMATION			
The product is? <input type="text" value="No"/>	Is the Product... <input type="text" value="Neither"/>	Direct-Ship Only <input type="text"/>	Size: <input type="text" value="10x10 mL"/>	Unit of Sale		What is the NDC selling unit? <input type="text" value="1 box of 10 vials"/>	
if yes, enter class # <input type="text"/>	Is the Product... <input type="text"/>	Orphan Drug Status <input type="text"/>	Strength: <input type="text" value="500 mg/10 mL (50 mg/mL)"/>	<input checked="" type="checkbox"/> Bottle	<input type="text" value="1 box of 10 vials"/>		
if yes, list NDCs of component parts <input type="text"/>	FDA Approval Status <input type="text"/>	Allergens Present <input type="text"/>	Dosage Form: <input type="text" value="Injection"/>	<input type="checkbox"/> Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)		
reverse numbered? <input type="text" value="No"/>	Country of Origin <input type="text" value="Ireland"/>	Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="Yes"/>	Product Shape: <input type="text" value="N/A"/>	<input type="checkbox"/> Ampule	Minimum order quantity? <input type="text" value="Yes"/>		
co-licensed? <input type="text" value="No"/>			Product Color: <input type="text" value="N/A"/>	<input type="checkbox"/> Glass	If Yes, how many of which package type?		
latex-free? <input type="text" value="Yes"/>			Product Imprint: <input type="text" value="N/A"/>	<input type="checkbox"/> Tube	<input type="checkbox"/> Each		
preservative-free? <input type="text" value="No"/>				<input type="checkbox"/> Vial Liquid Sgl	<input type="checkbox"/> Inner/ Carton/ Pack		
correctional institution block? <input type="text" value="Yes"/>				<input type="checkbox"/> Vial Liquid Multi	<input type="text" value="1"/>	Case	
opioid? <input type="text" value="No"/>				<input type="checkbox"/> Vial Powder Sgl			
Cannabinoid? <input type="text" value="No"/>				<input type="checkbox"/> Vial Power Multi			
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text"/>				<input type="checkbox"/> Other: Write In			
If Unit Dose, indicate NDC here: <input type="text"/>							
FOR GENERIC DRUG PRODUCTS							
I. Orange Book Rating: <input type="text" value="AP"/>		<input type="checkbox"/> Authorized Generic		*If Authorized Generic, other section fields are not applicable			
II. Generic Equivalent to What Brand?: <input type="text" value="Ketalar"/>							
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION							
Does supplier meet DSCSA definition of manufacturer? <input type="text" value="Yes"/>		GLN: <input type="text"/>					
Is product exempt from DSCSA? <input type="text" value="No"/>		GCP: <input type="text"/>					
If yes, select exemption: <input type="text"/>		If yes, was original product purchased direct from mfr? <input type="text"/>					
Other exemption - Write in: <input type="text"/>		Provide source manufacturer for repackaged product <input type="text"/>					
Is product repackaged? <input type="text" value="No"/>							
Is product sold by manufacturer's exclusive distributor? <input type="text" value="No"/>							
Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/>							
If yes, attach documentation from FDA. <input type="text"/>							
GTIN AND HIBCC PRODUCT INFORMATION							
Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14			
<input checked="" type="checkbox"/> Item/Each	<input type="text" value="10"/>	<input type="text"/>	<input type="text" value="00355150439102"/>	<input type="text"/>			
Box/Carton/Bundle/Inner Pack	<input type="text"/>	<input type="text"/>	<input type="text" value="50355150439107"/>	<input type="text"/>			
Case	<input type="text" value="120"/>	<input type="text"/>	<input type="text" value="70355150439101"/>	<input type="text"/>			
Pallet	<input type="text" value="10200"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
COST INFORMATION				WHOLESALE USE ONLY:			
Regular Cost <input type="text"/>		Vendor #: <input type="text"/>		Invoice Cost (WAC) (\$) <input type="text" value="\$70.20"/>		Whsl. Code #: <input type="text"/>	
As of date: <input type="text" value="11/22/2022"/>		Fineline Code: <input type="text"/>					
*Please provide any additional information on page 2.							
Attach copy of SAFETY DATA SHEET (SDS) or non hazard letter, PACKAGE INSERT, LABEL AND PHOTO OF PRODUCT PACKAGING and BARCODE.							
See new p. 3 for Designated Drop Ship Only.				Signature: <input type="text"/>			

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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 <input type="checkbox"/></p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No <input type="checkbox"/> Is the product a CA Prop 65 reproductive toxicant? No <input type="checkbox"/> Does the product label bear a CA Prop 65 warning? <input type="checkbox"/></p> <p>c. Contact Hazard? No <input type="checkbox"/></p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) Yes <input type="checkbox"/></p> <p>e. Does the product contain DEHP? No <input type="checkbox"/></p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS) <input type="checkbox"/></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 this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS) <input type="checkbox"/></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: <input type="checkbox"/></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) <input type="checkbox"/></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="background-color: #002060; color: white; padding: 2px; text-align: center; font-weight: bold;">SDS Hazard Classification</div> <table style="width: 100%; border: 1px solid black;"> <tr> <td><input checked="" type="checkbox"/> Organic</td> <td><input type="checkbox"/> Corrosive</td> </tr> <tr> <td><input type="checkbox"/> Inorganic</td> <td><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td><input type="checkbox"/> Steroid/Androgen</td> <td><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input style="width: 100%;" type="text"/></p> <p>NFPA Storage Level: <input style="width: 100%;" type="text"/></p> <p>Is the product a NIOSH hazardous drug? If yes, indicate which: <input style="width: 100%;" type="text"/></p>	<input checked="" 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 checked="" 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						
Hazardous Waste Identification							
EPA Hazardous Waste Code: <input style="width: 60%;" type="text"/> Waste Characteristics: <input style="width: 30%;" type="text"/>							
REMS or REGISTRY RESTRICTIONS							
<p>Is there a REMS on this product? No <input type="checkbox"/></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 <input type="checkbox"/></p> <p>REMS Program Manager Name: <input style="width: 60%;" type="text"/> Phone: <input style="width: 20%;" type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input style="width: 100%;" type="text"/></p> <p>Wholesale distributor support: <input style="width: 100%;" type="text"/></p> <p>Provider Name: <input style="width: 60%;" type="text"/> DEA #: <input style="width: 20%;" type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input style="width: 60%;" type="text"/> NCPDP#: <input style="width: 20%;" type="text"/></p> <p>NPI #: <input style="width: 100%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p> <p>Registry: <input type="checkbox"/></p> <p>Registry Program Contact Name: <input style="width: 60%;" type="text"/> Phone: <input style="width: 20%;" type="text"/></p> <p>Comments <input style="width: 100%;" type="text"/></p>							
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Controlled Substance Code <input style="width: 100px;" type="text" value="7285"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Listed Chemical (List I or II) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>ARCOS Reportable? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, indicate which: <input style="width: 100px;" type="text"/></p> <p>Schedule No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 Is it a scheduled listed chemical product?: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>							
CLASS OF TRADE RESTRICTION:							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: No <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: No <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) No <input type="checkbox"/></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: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input style="width: 100%;" type="text" value="https://eugiaus.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"/>							



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

Version 2021

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 <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"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/>
Class of Trade Restriction:	Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Miscellaneous Notes:	<input type="text"/>
<input type="text"/>	ADDITIONAL INFORMATION
	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>



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

Version 2021

Introduction Type: Post Launch Change

Final Version

Date:

PRODUCT INFORMATION

Company Name: Application:

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

Medical Device Class, if applicable:

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:

Phone Number: Email:

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... Direct-Ship Only <input type="text"/>	Size: <input type="text" value="10x10 mL"/>	
if yes, enter class # <input type="text"/>	Is the Product... Neither <input type="text"/>	Strength: <input type="text" value="1000 mg/10 mL (100 mg/mL)"/>	
a product kit? <input type="text" value="No"/>	Orphan Drug Status <input type="text"/>	Dosage Form: <input type="text" value="Injection"/>	
if yes, list NDCs of component parts <input type="text"/>	FDA Approval Status <input type="text"/>	Product Shape: <input type="text" value="N/A"/>	
reverse numbered? <input type="text" value="No"/>	Allergens Present <input type="text"/>	Product Color: <input type="text" value="N/A"/>	
co-licensed? <input type="text" value="No"/>	Country of Origin <input type="text" value="Ireland"/>	Product Imprint: <input type="text" value="N/A"/>	
latex-free? <input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="Yes"/>		
preservative-free? <input type="text" value="No"/>			
correctional institution block? <input type="text" value="Yes"/>			
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?

<input type="text"/>	Each
<input type="text"/>	Inner/Carton/Pack
<input type="text" value="1"/>	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?

Rx billing unit to pharmacy: Each Gram Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?

Is product exempt from DSCSA?

If yes, select exemption:

Other exemption - Write in:

Is product repackaged?

Is product sold by manufacturer's exclusive distributor?

Has FDA granted waiver/exception/exemption for product?

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:					0	
Case:	26.190918	16.5354	11.811	5.51181	1076.4543	300
Pallet:	785.72754	31.4961	47.24409	44.48819	66198.631	9000

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
<input checked="" type="checkbox"/> Item/Each	10		00355150440108	
Box/Carton/Bundle/Inner Pack				
Case	300		50355150440103	
Pallet	9000		70355150440107	

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$)

As of date:

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							
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<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard						
Hazardous Waste Identification							
EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/>							
REMS or REGISTRY RESTRICTIONS							
<p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input type="text"/></p> <p>Med Guide Required <input type="text"/></p> <p>Limited Distribution Requirement <input type="text"/></p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="text"/></p> <p>Wholesale distributor support: <input type="text"/></p> <p>Provider Name: <input type="text"/> DEA #: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p>Registry:</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p>							
RETURN INSTRUCTIONS							
<p>Contact tel. # if product received damaged: <input type="text" value="888-238-7880"/></p> <p>Is product returnable for credit: <input type="text" value="Yes"/></p> <p>URL/Link to returns policy: <input type="text" value="https://eugiaus.com/policies/return-policy/"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>							
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="text" value="Yes"/> Controlled Substance Code <input type="text" value="7285"/></p> <p>Controlled by State(s)? <input type="text" value="No"/> Listed Chemical (List I or II) <input type="text" value="No"/></p> <p>ARCOS Reportable? <input type="text" value="No"/> If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text" value="3N"/> Is it a scheduled listed chemical product?: <input type="text" value="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 type="text"/></p>							
MISCELLANEOUS NOTES and/or Image of Product Barcode:							
Release DATE							



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

Version 2021

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 <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"/> Minimum Order Quantity: <input type="text"/> Supplier's Customer Service Number: <input type="text"/> Contracted 3PL company / contact #: <input type="text"/> Name: <input type="text"/> Phone: <input type="text"/> Fax Number: <input type="text"/> Fax Number: <input type="text"/> Phone No.: <input type="text"/> Site Address: <input type="text"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>