



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

Version 2021 Introduction Type:  New Item  Final Version Date: 12/9/2022

## PRODUCT INFORMATION

Company Name: Eugia US LLC (f/k/a Auromedics Pharma LLC) Application: ANDA  
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 212824  
 Medical Device Class, if applicable:  
 DUNS: 968961354  
 Proprietary Name (If Applicable) and Established Name:  
 Selling Unit NDC: 55150-329-01 Unit of Use NDC: 55150-329-01 UPC: 355150329014  
 UDI CVX Code: MVX Code:  
 Description: medroxyPROGESTERone Acetate Injectable Suspension, USP 150 mg per mL  
 Active Ingredient(s):  
 URL for Additional Product Information: eugiaus.com  
 Address: 279 Princeton-Hightstown Road State: NJ Address 2:  
 City: East Windsor Zip: 08520  
 Key Contact: Email: customerservice@eugiaus.com  
 Phone Number: 888-238-7880 Fax:  
 Product Therapeutic Classification: Antineoplastics, Hormones, Progestins

## 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): Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].  
 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: Kevin Cagnetti  
 Number: 732.839.9400 ex 8009  
 Group E-mail: kcagnetti@EugiaUS.com  
 c. Special regulations for product in any states?  
 Special returns requirements for this product?  No  
 d. Store product (unit of sale) upright?  No  
 Protect product (unit of sale) from light?  
 e. Shelf life:  
 Initial shelf life at launch (if different): 24 Months

## ADDITIONAL PRODUCT INFORMATION

The product is?  
 a legend device?  No  
 if yes, enter class #  
 a product kit?  No  
 if yes, list NDCs of component parts  
 reverse numbered?  No  
 co-licensed?  No  
 latex-free?  Yes  
 preservative-free?  Yes  
 correctional institution block?  No  
 opioid?  No  
 Cannabinoid?  No  
 If Unit Dose, is item bar coded to unit dose for hospital scanning?  
 If Unit Dose, indicate NDC here:

Is the Product...  
 Is the Product...  
 Orphan Drug Status  
 Direct-Ship Only  
 Neither  
 FDA Approval Status  
 Allergens Present  
 Country of Origin  
 Is this product covered under the Trade Agreements Act (TAA)?

## PRODUCT DESCRIPTION INFORMATION

Size: Single-Dose Vial  
 Strength: 150 mg per mL  
 Dosage Form: liquid  
 Product Shape: Single-Dose Vial  
 Product Color:  
 Product Imprint:

## 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?  
 55150-329-01  
 (Write-in, e.g. 1 Box of 10 Vials)  
 Minimum order quantity?  Yes  
 If Yes, how many of which package type?  
 Each  
 Inner/Carton/Pack  
 1 Case

## FOR GENERIC DRUG PRODUCTS

I. Orange Book Rating: AP  
 II. Generic Equivalent to What Brand?: Depo-Provera Injectable Suspension  
 Authorized Generic \*If Authorized Generic, other section fields are not applicable

## PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? 1 vial  
 (Write-in, e.g. 1 Vial)  
 Rx billing unit to pharmacy:  
 Each  
 Gram  
 Milliliter

## DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer?  Yes  
 Is product exempt from DSCSA?  No  
 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/Case/Bundle/Inner Pack:	2.306	9.29	8.7	3.35	270.75705	36
Case:	10.411	18.7	10.43	8.267	1612.4039	144
Pallet:	Sea:501.548 Air:595.235	48	40	Sea:41.33 Air:54.60	Sea:79353.6 Air:104832	Sea:6480 Air:7776

## 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	1		00355150329014	
<input type="checkbox"/> Box/Case/Bundle/Inner Pack	36		30355150329015	
<input type="checkbox"/> Case	144		50355150329019	
<input type="checkbox"/> Pallet	7776		70355150329013	

## COST INFORMATION

Regular Cost  
 Invoice Cost (WAC) (\$) \$36.64  
 As of date: 12/9/2022  
 Vendor #:  
 Whsl. Code #:  
 Finline 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: Sravan Srikanth Thota

Version 2021

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? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?            Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No            Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No            Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?            (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> 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="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> 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="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No            RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?  <input type="checkbox"/> (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity  <input type="checkbox"/> Consumer Commodity, ORM-D  <input type="checkbox"/> Small Quantity (49 CFR 173.4)  <input type="checkbox"/> Special Permit; DOT-SP  <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);            SP# <input type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>SDS Hazard Classification</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Organic</td> <td style="border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </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> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>Hazardous Waste Identification</b></p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>REMS or REGISTRY RESTRICTIONS</b></p> <p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry?            Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No</p> <p>Limited Distribution Requirement <input type="checkbox"/> No</p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p><b>REMS:</b> <input type="checkbox"/> 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><b>Registry:</b> <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive						
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard						
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No      Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No      Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No      If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text"/>      Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>RETURN INSTRUCTIONS</b></p> <p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/></p> <p style="text-align: center;"><a href="https://eugiaus.com/policies/return-policy/">https://eugiaus.com/policies/return-policy/</a></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> </div>						
CLASS OF TRADE RESTRICTION:							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>MISCELLANEOUS NOTES and/or Image of Product Barcode:</b></p> <p style="height: 40px; border: 1px solid black;"></p> </div>						



# 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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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"/>	<b>Overnight receipt available:</b> <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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <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:	
<input type="text"/>	<b>ADDITIONAL INFORMATION</b> 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:  New Item  Final Version Date: 12/9/2022

## PRODUCT INFORMATION

Company Name: Auromedics Pharma LLC Application: ANDA  
 Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 212824  
 Medical Device Class, if applicable:  
 DUNS: 968961354  
 Proprietary Name (If Applicable) and Established Name:  
 Selling Unit NDC: 55150-329-25 Unit of Use NDC: 55150-329-25 UPC: 355150329250  
 UDI CVX Code: MVX Code:  
 Description: medroxyPROGESTERone Acetate Injectable Suspension, USP 150 mg per mL 25 's  
 Active Ingredient(s):  
 URL for Additional Product Information: eugiaus.com  
 Address: 279 Princeton-Hightstown Road State: NJ Address 2:  
 City: East Windsor Zip: 08520  
 Key Contact: Email: customerservice@eugiaus.com  
 Phone Number: 888-238-7880 Fax:  
 Product Therapeutic Classification: Antineoplastics, Hormones, Progestins

## 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): Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].  
 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: Kevin Cagnetti  
 Number: 732.839.9400 ex 8009  
 Group E-mail: kcagnetti@EugiaUS.com  
 c. Special regulations for product in any states?  
 Special returns requirements for this product? No  
 d. Store product (unit of sale) upright? No  
 Protect product (unit of sale) from light?  
 e. Shelf life:  
 Initial shelf life at launch (if different): 24 Months

## ADDITIONAL PRODUCT INFORMATION

The product is?  
 a legend device? No  
 if yes, enter class #  
 a product kit? No  
 if yes, list NDCs of component parts  
 reverse numbered? No  
 co-licensed? No  
 latex-free? Yes  
 preservative-free? Yes  
 correctional institution block? No  
 opioid? No  
 Cannabinoid? No  
 If Unit Dose, is item bar coded to unit dose for hospital scanning?  
 If Unit Dose, indicate NDC here:  
 Is the Product... Direct-Ship Only  
 Is the Product... Neither  
 Orphan Drug Status  
 FDA Approval Status  
 Allergens Present  
 Country of Origin  
 Is this product covered under the Trade Agreements Act (TAA)?

## PRODUCT DESCRIPTION INFORMATION

Size: Single-Dose Vial  
 Strength: 150 mg per mL  
 Dosage Form: liquid  
 Product Shape: Single-Dose Vial  
 Product Color:  
 Product Imprint:

## 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? 55150-329-25 (Write-in, e.g. 1 Box of 10 Vials)  
 Minimum order quantity? Yes  
 If Yes, how many of which package type?  
 1 Each, Inner/ Carton/ Pack, 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?: Depo-Provera Injectable Suspension

## PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer? 1 vial (Write-in, e.g. 1 Vial)  
 Rx billing unit to pharmacy:  
 x Each, Gram, Milliliter

## DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? Yes  
 Is product exempt from DSCSA? No  
 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:	2.552	7.6	3.98	4.72	142.77056	4
Case:	26.951	18.504	9.055	7.48	1253.3018	4
Pallet:	Sea:498.600 Air:731.365	48	40	Sea:39.64 Air:56.96	Sea:76108.8 Air:100363	Sea:640 Air:960

## GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
x Item/Each	1		00355150329250	
Box/Carton/Bundle/Inner Pack	4		30355150329251	
Case	4		50355150329255	
Pallet	960		70355150329259	

## COST INFORMATION

Regular Cost  
 Invoice Cost (WAC) (\$) \$915.92  
 As of date: 12/9/2022  
 Wholesaler Use Only:  
 Vendor #:  
 Whsl. Code #:  
 Finline Code:

Version 2021

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? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?            Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No            Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No            Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?            (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> 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="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> 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="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No            RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?  <input type="checkbox"/> (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity  <input type="checkbox"/> Consumer Commodity, ORM-D  <input type="checkbox"/> Small Quantity (49 CFR 173.4)  <input type="checkbox"/> Special Permit; DOT-SP  <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);            SP# <input type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #1a3d54; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </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> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #1a3d54; color: white; margin: 0;">Hazardous Waste Identification</p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #1a3d54; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry?            Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No</p> <p>Limited Distribution Requirement <input type="checkbox"/> No</p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p><b>REMS:</b> <input type="checkbox"/> 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><b>Registry:</b> <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #1a3d54; color: white; margin: 0;">RETURN INSTRUCTIONS</p> <p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/></p> <p><a href="https://eugiaus.com/policies/return-policy/">https://eugiaus.com/policies/return-policy/</a></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> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive						
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard						
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No</p> <p>Controlled by State(s)? <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No</p> <p>Schedule No. <input type="text"/></p>	<p>Controlled Substance Code <input type="text"/></p> <p>Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>If yes, indicate which: <input type="text"/></p> <p>Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>						
CLASS OF TRADE RESTRICTION:							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>							
MISCELLANEOUS NOTES and/or Image of Product Barcode:							
<input 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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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"/>	<b>Overnight receipt available:</b> <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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <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:	
<input type="text"/>	<b>ADDITIONAL INFORMATION</b> 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:  New Item  Final Version Date:

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*					
<b>Company Name:</b> Eugia US LLC (f/k/a Auromedics Pharma LLC) <b>Application:</b> ANDA <b>Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):</b> 212844 <b>Medical Device Class, if applicable:</b> _____ <b>DUNS:</b> 968961354 <b>Proprietary Name (If Applicable) and Established Name:</b> _____ <b>Selling Unit NDC:</b> 55150-330-01 <b>Unit of Use NDC:</b> 55150-330-01 <b>UPC:</b> 355150330010 <b>UDI</b> _____ <b>CVX Code:</b> _____ <b>MXV Code:</b> _____ <b>Description:</b> medroxyPROGESTERone Acetate Injectable Suspension, USP 150 mg per 1mL Single-Dose Prefilled Syringe <b>Active Ingredient(s):</b> _____ <b>URL for Additional Product Information:</b> eugiaus.com <b>Address:</b> 279 Princeton-Hightstown Road <b>Address 2:</b> _____ <b>City:</b> East Windsor <b>State:</b> NJ <b>Zip:</b> 08520 <b>Key Contact:</b> _____ <b>Email:</b> <a href="mailto:customerservice@eugiaus.com">customerservice@eugiaus.com</a> <b>Phone Number:</b> 888-238-7880 <b>Fax:</b> _____ <b>Product Therapeutic Classification:</b> Antineoplastics, Hormones, Progestins				<b>a. Temperature – Indicate the USP temperature range for this product.</b> Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>  Other Temperature Range Requirement <input type="text" value="Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]."/> Notes _____  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"/>					
<b>ADDITIONAL PRODUCT INFORMATION</b>				<b>PRODUCT DESCRIPTION INFORMATION</b>					
The product is? <input type="text" value="No"/> a legend device? if yes, enter class # _____ a product kit? <input type="text" value="No"/> if yes, list NDCs of component parts _____ reverse numbered? <input type="text" value="No"/> co-licensed? <input type="text" value="No"/> latex-free? <input type="text" value="Yes"/> preservative-free? <input type="text" value="Yes"/> correctional institution block? <input type="text" value="No"/> opioid? <input type="text" value="No"/> Cannabinoid? <input type="text" value="No"/> If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text" value="No"/> If Unit Dose, indicate NDC here: _____		<b>Is the Product... Is the Product... Orphan Drug Status</b> <input type="text" value="Neither"/>  <b>FDA Approval Status</b> _____  <b>Allergens Present</b> _____  <b>Country of Origin</b> _____  <b>Is this product covered under the Trade Agreements Act (TAA)?</b> <input type="text" value="No"/>		<b>Direct-Ship Only</b> <input type="text" value="No"/> <b>Neither</b> <input type="text" value="No"/>  <b>Size:</b> Single-Dose Prefilled Syringe <b>Strength:</b> 150 mg per 1mL <b>Dosage Form:</b> liquid  <b>Product Shape:</b> prefilled syringe <b>Product Color:</b> _____ <b>Product Imprint:</b> _____		<b>Special regulations for product in any states?</b> <input type="text" value="No"/> Special returns requirements for this product? <input type="text" value="No"/>  <b>d. Store product (unit of sale) upright?</b> <input type="text" value="No"/> <b>Protect product (unit of sale) from light?</b> <input type="text" value="No"/> <b>e. Shelf life:</b> <input type="text" value="24"/> Months <b>Initial shelf life at launch (if different):</b> _____ Months			
ORDER INFORMATION									
<b>Unit of Sale</b> <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Box/Carton <input type="checkbox"/> Ampule <input type="checkbox"/> Glass <input type="checkbox"/> Tube <input type="checkbox"/> Vial Liquid Sgl <input type="checkbox"/> Vial Liquid Multi <input type="checkbox"/> Vial Powder Sgl <input type="checkbox"/> Vial Power Multi <input type="checkbox"/> Other: Write In _____				<b>What is the NDC selling unit?</b> <input type="text" value="55150-330-01"/> (Write-in, e.g. 1 Box of 10 Vials)  <b>Minimum order quantity?</b> <input type="text" value="Yes"/>					
				<b>If Yes, how many of which package type?</b> <input type="text" value="1"/> Each <input type="text" value="1"/> Inner/ Carton/ Pack <input type="text" value="1"/> Case					
PHARMACY ORDER / BILL UNIT									
<b>I. Orange Book Rating:</b> <input type="text" value="AP"/> <b>II. Generic Equivalent to What Brand?:</b> Depo-Provera Contraceptive Injection				<b>Authorized Generic</b> <input type="checkbox"/> *If Authorized Generic, other section fields are not applicable  <b>Rec. sell unit to customer?</b> <input type="text" value="1"/> vial (Write-in, e.g. 1 Vial)  <b>Rx billing unit to pharmacy:</b> <input checked="" type="checkbox"/> Each <input type="checkbox"/> Gram <input checked="" type="checkbox"/> Milliliter					
DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION									
<b>Does supplier meet DSCSA definition of manufacturer?</b> <input type="text" value="Yes"/> <b>Is product exempt from DSCSA?</b> <input type="text" value="No"/> <b>If yes, select exemption:</b> _____ <b>Other exemption - Write in:</b> _____ <b>Is product repackaged?</b> <input type="text" value="No"/> <b>Is product sold by manufacturer's exclusive distributor?</b> <input type="text" value="No"/> <b>Has FDA granted waiver/exception/exemption for product?</b> <input type="text" value="No"/> <b>If yes, attach documentation from FDA.</b> _____				<b>GLN:</b> _____ <b>GCP:</b> _____ <b>If yes, was original product purchased direct from mfr?</b> <input type="text" value="No"/> <b>Provide source manufacturer for repackaged product</b> _____					
GTIN AND HIBCC PRODUCT INFORMATION									
<b>Saleable Unit of Measure</b> <input checked="" type="checkbox"/> Item/Each <input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack <input type="checkbox"/> Case <input type="checkbox"/> Pallet		<b>Saleable Quantity</b> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="24"/> <input type="text" value="1080"/>		<b>HIBCC</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		<b>GTIN-14</b> <input type="text" value="00355150330010"/> <input type="text" value="30355150330011"/> <input type="text" value="50355150330015"/> <input type="text" value="70355150330019"/>		<b>Unit of Use GTIN-14</b> <input type="text" value=""/>	
COST INFORMATION				WHOLESALE USE ONLY:					
<b>Regular Cost</b> _____ <b>Invoice Cost (WAC) (\$)</b> <input type="text" value="70.00"/>  <b>As of date:</b> <input type="text" value="12/9/2022"/>				<b>Vendor #:</b> _____ <b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____					
*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" value="Sravan Srikanth Thota"/>									

Version 2021

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? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?            Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No            Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No            Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?            (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> 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="checkbox"/> No</p> <p>Is this product regulated for shipment by IATA?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> 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="checkbox"/> No</p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No            RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?  <input type="checkbox"/> (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity  <input type="checkbox"/> Consumer Commodity, ORM-D  <input type="checkbox"/> Small Quantity (49 CFR 173.4)  <input type="checkbox"/> Special Permit; DOT-SP  <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101);            SP# <input type="text"/></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </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> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">Hazardous Waste Identification</p> <p>EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry?            Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No</p> <p>Limited Distribution Requirement <input type="checkbox"/> No</p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p><b>REMS:</b> <input type="checkbox"/> 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><b>Registry:</b> <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #002060; color: white; margin: 0;">RETURN INSTRUCTIONS</p> <p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</p> <p>URL/Link to returns policy: <input type="text"/></p> <p><a href="https://eugiaus.com/policies/return-policy/">https://eugiaus.com/policies/return-policy/</a></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> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive						
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer						
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard						
ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No</p> <p>Controlled by State(s)? <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No</p> <p>Schedule No. <input type="text"/></p>	<p>Controlled Substance Code <input type="text"/></p> <p>Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>If yes, indicate which: <input type="text"/></p> <p>Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>						
CLASS OF TRADE RESTRICTION:							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>							
MISCELLANEOUS NOTES and/or Image of Product Barcode:							
<input 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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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"/>	<b>Overnight receipt available:</b> <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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <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:	
<input type="text"/>	<b>ADDITIONAL INFORMATION</b> Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>