



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

Version 2020

Introduction Type:

Final Version

Date:

PRODUCT INFORMATION

Company Name: Application:

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

DUNS:

Proprietary Name (if Applicable) and Established Name:

Selling Unit NDC: Unit of Use NDC: UPC:

UDI: CVX Code: MVX Code:

Description:

Active Ingredient(s):

URL for Additional Product Information:

Address: Address 2:

City: State: Zip:

Key Contact: Email:

Phone Number: Fax:

Product Therapeutic Classification:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

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

Temperature Range:

Other Temperature Range Requirement (write in):

Notes:

Is this product to be shipped to customers on ice?

Is this product to be shipped to customers on dry ice?

b. Contact for temperature excursion questions:

Name:

Number:

Group E-mail:

c. Special regulations for product in any states?

Special returns requirements for this product?

d. Store product (unit of sale) upright?

Protect product (unit of sale) from light?

e. Shelf life: Months

Initial shelf life at launch (if different): Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? <input type="text" value="No"/>	Is the Product... <input type="text" value="Neither"/>	Direct-Ship Only <input type="text" value="Neither"/>	Size: <input type="text" value="10 x 100 mL Single Dose Flexible Containers"/>
if yes, enter class # a product kit? <input type="text" value="No"/>	Is the Product... <input type="text" value="Neither"/>	Orphan Drug Status <input type="text" value="Neither"/>	
if yes, list NDCs of component parts reverse numbered? <input type="text"/>	FDA Approval Status <input type="text"/>		Strength: <input type="text" value="20 mg per 100 mL [200 mcg (0.2 mg)/mL]"/>
co-licensed? <input type="text" value="No"/>	Allergens Present <input type="text"/>		Dosage Form: <input type="text" value="LIQUID"/>
latex-free? <input type="text" value="Yes"/>	Country of Origin <input type="text" value="India"/>		Product Shape: <input type="text" value="Infusion Bag"/>
preservative-free? <input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="No"/>		Product Color: <input type="text"/>
correctional institution block? <input type="text" value="No"/>			Product Imprint: <input type="text"/>
opioid? <input type="text" value="No"/>			
Cannabinoid? <input type="text" value="No"/>			
If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="text"/>			
If Unit Dose, indicate NDC here: <input type="text"/>			

ORDER INFORMATION

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

What is the NDC selling unit?

(Write-in, e.g. 1 Box of 10 Vials)

Minimum order quantity?

If Yes, how many of which package type?

Each, Inner/ Carton/ Pack, Case

FOR GENERIC DRUG PRODUCTS

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

II. Generic Equivalent to What Brand?:

PHARMACY ORDER / BILL UNIT

Rec. sell unit to customer?

Rx billing unit to pharmacy: Each, Gram, Milliliter

(Write-in, e.g. 1 Vial)

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? GLN:

Is product exempt from DSCSA?

If yes, select exemption:

Other exemption - Write in:

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

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

Has FDA granted waiver/exception/exemption for product?

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.37428	6.81	5.31	0.68	24.589548	1
Case:	0.41832	9.84	6.5	0.68	43.4928	1
Pallet:	5.174	12.4	8.465	6.89	723.21574	10
	612.506	48	40	53.23	102201.6	1120

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each	1		50355150287104	50355150287104
Box/ Carton/ Bundle/ Inner Pack:	1		50355150287104	
<input checked="" type="checkbox"/> Case	10		50355150287104	
Pallet	1120		70355150287108	

COST INFORMATION

Regular Cost

Invoice Cost (WAC) (\$)

As of date:

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:

Version 2020

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION													
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No</p> <p>c. Contact Hazard? No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) No</p> <p>e. Does the product contain DEHP? []</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number []</p> <p>b. Proper Shipping Name []</p> <p>c. DOT Hazard Class []</p> <p>d. Packing Group []</p> <p>e. Inhalation Hazard? []</p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number []</p> <p>b. Proper Shipping Name []</p> <p>c. DOT Hazard Class []</p> <p>d. Packing Group []</p> <p>e. Inhalation Hazard? []</p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? [] RQ Threshold: []</p> <p>Is this a marine pollutant? []</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# []</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">SDS Hazard Classification</p> <table style="width: 100%; border: none;"> <tr> <td style="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> <tr> <td colspan="2" style="border: none; padding-top: 5px;"> <input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: [] </td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;"> Is the product a NIOSH hazardous drug? No If yes, indicate which: [] </td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">Hazardous Waste Identification</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">EPA Hazardous Waste Code: []</td> <td style="border: none;">Waste Characteristics []</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #003366; color: white; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: []</p> <p>Med Guide Required []</p> <p>Limited Distribution Requirement Comments / Details: (For example, iPledge program?) []</p> <p>REMS: No</p> <p>REMS Program Manager Name: [] Phone: []</p> <p>Supplier Manages REMS registry exclusively: Wholesale distributor support: []</p> <p>Provider Name: [] DEA #: []</p> <p>Site Enrollment Number assigned by Supplier: [] PCPDP#: [] NPI #: []</p> <p>Comments []</p> <p>Registry:</p> <p>Registry Program Contact Name: [] Phone: []</p> <p>Comments []</p> </div>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: []		Is the product a NIOSH hazardous drug? No If yes, indicate which: []		EPA Hazardous Waste Code: []	Waste Characteristics []
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive												
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer												
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard												
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: []													
Is the product a NIOSH hazardous drug? No If yes, indicate which: []													
EPA Hazardous Waste Code: []	Waste Characteristics []												
ADD'L STORAGE INFORMATION													
<p>Is the Product...</p> <p>Controlled Substance? [] Controlled Substance Code []</p> <p>Controlled by State(s)? [] Listed Chemical (List I or II) []</p> <p>ARCOS Reportable? [] If yes, indicate which: []</p> <p>Schedule No. [] Is it a scheduled listed chemical product?: []</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) []</p> <p>Comments: []</p>													
RETURN INSTRUCTIONS													
<p>Is the Product...</p> <p>Controlled Substance? [] Controlled Substance Code []</p> <p>Controlled by State(s)? [] Listed Chemical (List I or II) []</p> <p>ARCOS Reportable? [] If yes, indicate which: []</p> <p>Schedule No. [] Is it a scheduled listed chemical product?: []</p>	<p>Contact tel. # if product received damaged: 888-238-7880</p> <p>Is product returnable for credit: Yes</p> <p>URL/Link to returns policy: [] http://auromedics.com/policies/return-policy/</p> <p>Special regulations or returns requirements for this product in certain states? []</p> <p>If so, which states? Other requirements? Comments? []</p>												
MISCELLANEOUS NOTES and/or Image of Product Barcode:													
[]													



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

Version 2020

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

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing
Purchase orders may be accepted by: a. EDI <input type="checkbox"/> b. Autofax <input type="checkbox"/> Fax Number: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> 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"/>	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="checkbox"/> Drop Ship service fee billed with each order: <input type="checkbox"/> Drop Ship miscellaneous fees billed: <input type="checkbox"/> 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="checkbox"/> 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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Introduction Type:

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Date:

PRODUCT INFORMATION

Company Name: Application:

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

DUNS:

Proprietary Name (if Applicable) and Established Name:

Selling Unit NDC: Unit of Use NDC: UPC:

UDI: CVX Code: MVX Code:

Description:

Active Ingredient(s):

URL for Additional Product Information:

Address: Address 2:

City: State: Zip:

Key Contact: Email:

Phone Number: Fax:

Product Therapeutic Classification:

SPECIAL HANDLING AND STORAGE REQUIREMENTS*

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

Temperature Range: 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" value="Neither"/>
if yes, enter class # a product kit?	<input type="text" value="No"/>	Is the Product... Orphan Drug Status	<input type="text"/>
if yes, list NDCs of component parts reverse numbered?	<input type="text"/>	FDA Approval Status	<input type="text"/>
co-licensed?	<input type="text" value="No"/>	Allergens Present	<input type="text"/>
latex-free?	<input type="text" value="Yes"/>	Country of Origin	<input type="text" value="India"/>
preservative-free?	<input type="text" value="Yes"/>	Is this product covered under the Trade Agreements Act (TAA)?	<input type="text" value="No"/>
correctional institution block? 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"/>		
		Size:	<input type="text" value="10 x 100 mL Single Dose Flexible Containers"/>
		Strength:	<input type="text" value="40 mg/200 mL [200 mcg (0.2 mg)/mL]"/>
		Dosage Form:	<input type="text" value="LIQUID"/>
		Product Shape:	<input type="text" value="Infusion Bag"/>
		Product Color:	<input type="text"/>
		Product Imprint:	<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? (Write-in, e.g. 1 Vial)

Rx billing unit to pharmacy: Each, Gram, Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION

Does supplier meet DSCSA definition of manufacturer? GLN:

Is product exempt from DSCSA?

If yes, select exemption:

Other exemption - Write in:

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

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

Has FDA granted waiver/exception/exemption for product?

ITEM AND PACKING INFORMATION

Item/Each:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.37428	8.39	5.31	0.79	35.195211	1
Case:	0.41832	11.42	6.89	0.79	62.160202	1
Pallet:	5.174	12.4	8.465	6.89	723.21574	10
	612.506	48	40	53.23	102201.6	1120

GTIN AND HIBCC PRODUCT INFORMATION

Saleable Unit of Measure	Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14
Item/Each	1		50355150288101	50355150288101
Box/ Carton/ Bundle/ Inner Pack:	1		50355150288101	
<input checked="" type="checkbox"/> Case	10		50355150288101	
<input type="checkbox"/> Pallet	1120		70355150288105	

COST INFORMATION

Regular Cost:

Invoice Cost (WAC) (\$):

As of date:

WHOLESALE USE ONLY:

Vendor #:

Whsl. Code #:

Fineline Code:

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

*Please provide any additional information on page 2.

See new p. 3 for Designated Drop Ship Only.

Signature:

Version 2020

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION															
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? No Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No</p> <p>c. Contact Hazard? No</p> <p>d. Does this product require special clean-up instructions? (If yes, attach SDS with special instructions.) No</p> <p>e. Does the product contain DEHP? []</p> <p>Is this product regulated for shipment by DOT? (if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number []</p> <p>b. Proper Shipping Name []</p> <p>c. DOT Hazard Class []</p> <p>d. Packing Group []</p> <p>e. Inhalation Hazard? []</p> <p>Is this product regulated for shipment by IATA? (if yes, answer a-e below and provide SDS)</p> <p>a. UN/Identification Number []</p> <p>b. Proper Shipping Name []</p> <p>c. DOT Hazard Class []</p> <p>d. Packing Group []</p> <p>e. Inhalation Hazard? []</p> <p>Is the product restricted for air shipment? If so, indicate restriction:</p> <p><input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger & Cargo</p> <p>Is this a reportable quantity? [] RQ Threshold: []</p> <p>Is this a marine pollutant? []</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below)</p> <p><input type="checkbox"/> Limited Quantity <input type="checkbox"/> Consumer Commodity, ORM-D <input type="checkbox"/> Small Quantity (49 CFR 173.4) <input type="checkbox"/> Special Permit; DOT-SP <input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# []</p>	<div style="background-color: #003366; 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 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> <tr> <td colspan="2"><input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: []</td> </tr> <tr> <td colspan="2">Is the product a NIOSH hazardous drug? No</td> </tr> <tr> <td colspan="2">If yes, indicate which: []</td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">Hazardous Waste Identification</div> <table style="width: 100%; border: 1px solid black;"> <tr> <td>EPA Hazardous Waste Code: []</td> <td>Waste Characteristics []</td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">REMS or REGISTRY RESTRICTIONS</div> <p>Is there a REMS on this product? No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: []</p> <p>Med Guide Required []</p> <p>Limited Distribution Requirement Comments / Details: (For example, iPledge program?) []</p> <p>REMS: No</p> <p>REMS Program Manager Name: [] Phone: []</p> <p>Supplier Manages REMS registry exclusively: Wholesale distributor support: []</p> <p>Provider Name: [] DEA #: []</p> <p>Site Enrollment Number assigned by Supplier: [] PCPDP#: []</p> <p>NPI #: []</p> <p>Comments []</p> <p>Registry:</p> <p>Registry Program Contact Name: [] Phone: []</p> <p>Comments []</p> <div style="background-color: #003366; color: white; padding: 2px; text-align: center; font-weight: bold;">RETURN INSTRUCTIONS</div> <p>Contact tel. # if product received damaged: 888-238-7880</p> <p>Is product returnable for credit: Yes</p> <p>URL/Link to returns policy: [] http://auromedics.com/policies/return-policy/</p> <p>Special regulations or returns requirements for this product in certain states? []</p> <p>If so, which states? Other requirements? Comments? []</p>	<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: []		Is the product a NIOSH hazardous drug? No		If yes, indicate which: []		EPA Hazardous Waste Code: []	Waste Characteristics []
<input type="checkbox"/> Organic	<input type="checkbox"/> Corrosive														
<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer														
<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard														
<input type="checkbox"/> Aerosol Class; Identify NFPA Storage Level: []															
Is the product a NIOSH hazardous drug? No															
If yes, indicate which: []															
EPA Hazardous Waste Code: []	Waste Characteristics []														
ADD'L STORAGE INFORMATION															
<p>Is the Product...</p> <p>Controlled Substance? [] Controlled Substance Code []</p> <p>Controlled by State(s)? [] Listed Chemical (List I or II) []</p> <p>ARCOS Reportable? [] If yes, indicate which: []</p> <p>Schedule No. [] Is it a scheduled listed chemical product?: []</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) []</p> <p>Comments: []</p>															
MISCELLANEOUS NOTES and/or Image of Product Barcode:															
[]															



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

Version 2020

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

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