

	Version 2021							Introduction -	Туре:	New Item		F	Final Version			Date:	06.11	.2023	
	PRODUCT INFORMATION										SPECIAL HAND	LING AND STOR	AGE REQUIR	REMENTS*					
under seinenden der seinenden seinen ich	Company Name:	Eugia US LLC (f/k	/a AuroMedics	s Pharma	LLC)			Applica	ation:	ANDA	a. Temperatu	re – Indicat	e the USP tempe	erature range for t	his product.				
	Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): 216732								Temperatu	ire Range	Controlled Room -	- between 20	and 25 C (6	8° – 77° F)					
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HDA

Version 2021 For Designat	ed Drop Ship Only Products, Please Use Page 3
MATERIAL HA	ZARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply): Yes a. Cytotoxic? Yes b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? No	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen X
c. Contact Hazard? Yes d. Does this product require special clean-up instructions? Yes (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Storage Level: Is the product a NIOSH hazardous drug? No
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	If yes, indicate which: Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics
Is this product regulated for shipment by IATA?	
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: Image: Color of the state of the sta
e. Inhalation Hazard? Is the product restricted for air shipment? If so, indicate restriction: Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)
Is this a reportable quantity? Yes RQ Threshold: 10 lbs. (4.54 kg) Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4)	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: DEA #: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments Registry: Program Contact Name:
ADD'L STORAGE INFORMATION	Registry Program Contact Name: Phone: Comments
Is the Product Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: No	RETURN INSTRUCTIONS Contact tel. # if product received damaged:
Schedule No. Is it a scheduled listed chemical product?:	Is product returnable for credit: Yes
CLASS OF TRADE RESTRICTION:	URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	https://eugiaus.com/policies/return-policy/
Restricted to retail pharmacy only: No	Special regulations or returns requirements for
Restricted to hospital, clinics, and physician offices only:	this product in certain states?
Restricted from US territories? (explain in comments) No	If so, which states? Other requirements? Comments?
Comments:	
MISCELLANE	OUS NOTES and/or Image of Product Barcode:



Version 2021 FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.								
Order Metho	d for Designated Drop Ship Product	Standard Order Receipt and Processing						
Purchase orders may be accepted by: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:						
Expedited Freight Cl	narges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing						
Expedited freight fees billed with each ord Drop Ship service fee billed with each ord Drop Ship miscellaneous fees billed: Comments:		Overnight receipt available: Monday PO Receipt cut off time: Monday Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday Priority Overnight receipt available: Image: Comparison of the second						
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Other Data I	nformation Required to Process PO:	Return Instructions						
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?						
	Miscellaneous Notes:							
		ADDITIONAL INFORMATION Is product order for scheduled patient procedure?						
		Is product order for restocking purposes?						



Version 2021							Introduction	Туре:	New Item			Final Version			Date:	06.11	.2023
PRODUCT INFORMATION									SPECIAL HANDLING AND STORAGE REQUIREMENTS*								
Company Name:	Eugia US LLC (f/k	/a AuroMedics	s Pharma	LLC)			Applica	ation:	ANDA	a. Temperatu	re – Indica	ate the USP tempe	erature range for t	his product.			
Application Number for NDA/AN	DA/BLA (drug); P	MA/510(k)(me	ed device):	21	16732				-	Tempera	ture Range	Controlled Room -	- between 20	and 25 C (6	8° – 77° F)	
Medical Device Class, if applicab																	
	968961354		.	E 1								mperature Range F	Requirement				
Proprietary Name (If Applicable) a	55150-451-01	ame:	Mitomyci	n For Injection, USP Unit of Use NDC		55150-451-01	UPC:	25515	0451012		(wri Notes	ite in)					
Selling Unit NDC: UDI	55150-451-01			CVX Code:		55150-451-01	MVX Code:	33313	0451012		NOLES						
-	Mitomycin For Inje	action LISP 20) ma ner \								le this pro	oduct to be shipped	to customore on id	<u>```</u>		No	
Description.	Wittomycin i Or inje	5011011, USF 20	nig per v	v idi							-	oduct to be shipped				No	
Active Ingredient(s):		Mitomycin										pp		,			
										b. Contact fo	-	ure excursion que					
URL for Additional Product Inform				m/products/? sft al	<u>phabet=m</u>		Address 2:	_			Name:			Eugia US C		vice	
	279 Princeton-Hig East Windsor	nisiown Road				State:	Address 2: NJ	Zip:	08520		Number: Group E			888-238-788		ugiaUS.com	
Key Contact:						Email:		zip.	00020		Croup E	indii.		customer			
	888-238-7880					Fax:	732-355-9449			c. Special reg	ulations f	or product in any	states?			No	
Product Therapeutic Classification	n:	Antitumor an	tibiotic							-	Special re	eturns requirements	s for this product?			No	
	ADDITIC	ONAL PRODU	CT INFO	RMATION			PRODUCT	DESCRI	IPTION INFORMATION	d. Store prod	•	of sale) upright?				No	
The product is?				Is the Product	Direct-Ship	Only					Protect p	product (unit of sa	ale) from light?			Yes	
a legend device? if yes, enter class #		No		Is the Product Orphan Drug Status	Unit Dose		Size:		1 Vial	e. Shelf life:	Initial ch	elf life at launch (i	if difforant):			24	Months Months
a product kit?		No		Orphan Drug Status							initiai Sh	en me at launch (i	il ullierent).				WOILIIS
if yes, list NDCs of				FDA Approval Status			Strength:		20 mg per Vial				ORDER INFORM	ATION			
component parts							Dosage For	m:	Lyo powder for injection								
reverse numbered?		No					Jeengerei				Unit of S	1		What is the			
co-licensed? latex-free?		No Yes		Allergens Present								Bottle Box/Carton		1 Box of 1 V	g. 1 Box of 1	,	
preservative-free?		Yes		1	I/A		Product Sha	ape:	Vial Pack			Ampule		(Wine in, e.	g. 1 Dox 01 1	0 1013)	
correctional institution block?		No					Product Co	lor	Grey to bluish purple			Glass		Minimum o	rder quantit	y?	Yes
opioid?		No					Fibluci	101.				Tube					
Cannabinoid?	nit doop for	No		Country of Origin	India		Product Imp	print:	N/A			Vial Liquid Sgl					4 m a Q
If Unit Dose, is item bar coded to u hospital scanning?	nit dose for	Yes		Is this product covered	inder the							Vial Liquid Multi Vial Powder Sql			Each	ich package	type?
If Unit Dose, indicate NDC here:		55150-451-0	1	Trade Agreements Act (No						Vial Power Multi			Inner/Cartor	/Pack	
												Other: Write In		1	Case		
			FC	OR GENERIC DRUG PR	ODUCTS												
						A.,	tharized Caparia	*If Λ+I	horized Generic, other			DUA	ARMACY ORDER /				
L Oren ve De els Detin ve	AP					Au	thorized Generic		n fields are not applicable	Dee cell unit	40.000400		ARMACT ORDER I				
I. Orange Book Rating: II. Generic Equivalent to What Bra		Mutamycin								Rec. sell unit	1 Vial		1	Rx billing u x	Each	lacy:	
		Wataniyon								(Write-in, e.g.			1	~	Gram		
		DRUG S	UPPLY C	HAIN SECURITY ACT (DSCSA) INFO	RMATION					,			X	Milliliter		
					_	0 1 N							AND PACKING IN				
Does supplier meet DSCSA definit Is product exempt from DSCSA?	tion of manufactu	irer?		Yes	_	GLN:							AND PACKING IN	FORMATION	N		
If yes, select exemption:						GCP:							Dimensio	ons (US msn	nts.)	Volume	Saleable #
Other exemption - Write in:												Weight Lbs.	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?				No			iginal product			Item/Each:		0.17209	2.2	2.2	4.37	21.1508	1
Is product sold by manufacturer's				No		-	rect from mfr?					0.17203	2.2	2.2	4.57	21.1500	
Has FDA granted waiver/exception		roduct?		No		Provide sour	ce manufacturer	for repa	ckaged product	Box/Carton/B Inner Pack:	undle/	2.47398	11.49	4.8	4.8	264.7296	12
If yes, attach documentation from	III FDA.									Case:							
			GTIN A	ND HIBCC PRODUCT II	NFORMATION							11.62392	12.28	10.7	10.9	1432.2164	48
	_		_							Pallet:		590.988	48	40	50.59	97132.8	2304
Saleable Unit of Measure	S	aleable Quant	ity	HIBCC		GTI			Unit of Use GTIN-14								
X Item/Each Box/Carton/Bundle/Inner Pack		12					55150451012 55150451013				COST	INFORMATION		١	VHOLESAL	ER USE ONL	γ.
Case		48					55150451017										
Pallet	-	2304					55150451011			Regular Cost				Vendor #:			
								_		Invoice Cost	(WAC) (\$)			Whsl. Code			
						_		-		As of date:		11/13/2023		Fineline Co	ae:		
								-				11/13/2023					
			l														
·			Atta	ach copy of SAFETY DA	TA SHEET (SD	S) or non hazar	d letter, PACKAGE	INSER	T, LABEL AND PHOTO OF	PRODUCT PACK	AGING an	d BARCODE.					
*Please provide any additional inf	ormation on page	2.					See new p. 3 fo	or Desigr	nated Drop Ship Only.		Signatur	e:			Narender	Chamala	
															-		

HDA

Version 2021 For Designate	ed Drop Ship Only Products, Please Use Page 3
MATERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? 	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen X
c. Contact Hazard? Yes d. Does this product require special clean-up instructions? Yes (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Image: Comparison of the product a NIOSH hazardous drug?
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group	If yes, indicate which: Hazardous Waste Identification
e. Inhalation Hazard?	EPA Hazardous Waste Code: Waste Characteristics
Is this product regulated for shipment by IATA? No (if yes, answer a-e below and provide SDS) a. UN/Identification Number	REMS or REGISTRY RESTRICTIONS
a. Onvidentification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	Is there a REMS on this product? If Yes, is it managed with a pharmacy registry? Website URL:
Is the product restricted for air shipment? If so, indicate restriction: No Passenger Cargo Passenger & Cargo	Med Guide Required Limited Distribution Requirement Comments / Details: (For example, iPledge program?)
Is this a reportable quantity? Yes RQ Threshold: 10 lbs. (4.54 kg) Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4)	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: DEA #: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments
ADD'L STORAGE INFORMATION	Registry: Phone: Registry Program Contact Name: Phone: Comments
Is the Product Controlled Substance? No Controlled Substance Code Controlled by State(s)? ARCOS Reportable? Schedule No. Is it a scheduled listed chemical product?: No	RETURN INSTRUCTIONS Contact tel. # if product received damaged: Is product returnable for credit: Yes
CLASS OF TRADE RESTRICTION:	URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes	https://eugiaus.com/policies/return-policy/
Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No Comments: No	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
	DUS NOTES and/or Image of Product Barcode:



Version 2021 FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.								
Order Metho	d for Designated Drop Ship Product	Standard Order Receipt and Processing						
Purchase orders may be accepted by: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:						
Expedited Freight Cl	narges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing						
Expedited freight fees billed with each ord Drop Ship service fee billed with each ord Drop Ship miscellaneous fees billed: Comments:		Overnight receipt available: Monday PO Receipt cut off time: Monday Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday Priority Overnight receipt available: Image: Comparison of the second						
C	lass of Trade Restriction:	PO Receipt Cut off time:						
	pharmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Fax: Fax #: EDI: Other fees apply:						
Other Data I	nformation Required to Process PO:	Return Instructions						
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?						
	Miscellaneous Notes:							
		ADDITIONAL INFORMATION Is product order for scheduled patient procedure?						
		Is product order for restocking purposes?						



Version 2021						Introduction ⁻	Туре:	New Item		Final Version			Date:	06.11	.2023
PRODUCT INFORMATION										AGE REQUII	REMENTS*				
Company Name:	Eugia US LLC (f/k	k/a AuroMedics P	Pharma LLC)			Applica	ation:	ANDA	a. Temperature	- Indicate the USP tempe	erature range for t	his product.			
Application Number for NDA/AND	DA/BLA (drug); P	MA/510(k)(med	device):	21	16732] т	emperature Range	Controlled Room -	- between 20	and 25 C (6	8° – 77° F)	
Medical Device Class, if applicable	le:														
L. L	968961354								0	other Temperature Range F	Requirement				
Proprietary Name (If Applicable) ar		lame: Mi	itomycin For Injection, USP							(write in)					
0	55150-452-01		Unit of Use NDC:		55150-452-01	UPC:	3551504	152019	N	lotes					
UDI			CVX Code:			MVX Code:			1						
Description:	Mitomycin For Inje	ection, USP 40 m	ng per Vial							s this product to be shipped				No	
Active Ingradiant(a)		Mitomycin							ls Is	s this product to be shipped	d to customers on c	Iry ice?		No	
Active Ingredient(s):		Wittorrycin							b Contact for te	emperature excursion que	estions:				
URL for Additional Product Inform	ation:	https://eugia	aus.com/products/? sft al	phabet=m					1	lame:		Eugia US C	ustomer Ser	vice	
Address:	279 Princeton-Hig					Address 2:			N	lumber:		888-238-788			
City:	East Windsor				State:	NJ	Zip:	08520	G	Froup E-mail:		Customer	Service@E	ugiaUS.com	1
Key Contact:					Email:										
L	888-238-7880				Fax:	732-355-9449				ations for product in any				No	
Product Therapeutic Classification	1:	Antitumor antib	viotic						S	pecial returns requirement	ts for this product?			No	
			T INFORMATION			PRODUCT	DESCRIPT	TION INFORMATION		t (unit of colo) unright?				No	
	ADDITIC				<u> </u>	PRODUCT	DESCRIP	TION INFORMATION	11 .	t (unit of sale) upright?				No	
The product is?			Is the Product	Direct-Ship	Only				11	rotect product (unit of sa	ale) from light?			Yes	Mantha
a legend device? if yes, enter class #		No	Is the Product… Orphan Drug Status	Unit Dose		Size:	1	Vial	e. Shelf life:	nitial shelf life at launch (i	if different).			24	Months Months
a product kit?		No	Orphan Drug Status				-		"	initial Shell file at launch (i	il differency.				WOITINS
if yes, list NDCs of			FDA Approval Status			Strength:	40	0 mg per Vial			ORDER INFORM	ATION			
component parts						Dosage For		yo powder for injection							
reverse numbered?		No				Dosage For			<u> </u>	Init of Sale		What is the		-	
co-licensed?		No	Allergens Present				_			Bottle		1 Box of 1 V		,	
latex-free?		Yes	N	/A		Product Sha	ape: V	ial Pack	_	x Box/Carton		(Write-in, e	.g. 1 Box of '	10 Vials)	
preservative-free? correctional institution block?		Yes No					_		-	Ampule Glass		Minimum o	rder quantit	w2	Yes
opioid?		No				Product Col	olor: G	Grey to bluish purple	-	Tube				.y :	162
Cannabinoid?		No	Country of Origin	India			• •		-	Vial Liquid Sgl					
If Unit Dose, is item bar coded to un	nit dose for		, ,			Product Imp	print: N	I/A		Vial Liquid Multi		If Yes, how	many of wh	nich package	type?
hospital scanning?		Yes	Is this product covered u							Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:		55150-452-01	Trade Agreements Act (ΓΑΑ)?	No					Vial Power Multi			Inner/Carto	n/Pack	
										Other: Write In		1	Case		
			FOR GENERIC DRUG PRO	DDUCTS					-						
					Au	thorized Generic	*If Autho	prized Generic, other		PHA	ARMACY ORDER	BILL UNIT			
L Orongo Book Pating	AP							fields are not applicable	Rec. sell unit to				nit to phore	2001//	
I. Orange Book Rating: II. Generic Equivalent to What Brar		Mutamycin							Rec. sell unit to	1 Vial	1	Rx billing u	Each	hacy:	
II. Conche Equivalent to What Brai		Watarryoli							(Write-in, e.g. 1		1		Gram		
		DRUG SUP	PPLY CHAIN SECURITY ACT (I	OSCSA) INFO	RMATION					,		x	Milliliter		
		_		_											
Does supplier meet DSCSA definit	ion of manufactu	urer?	Yes	_	GLN:					ITEM	AND PACKING IN	FORMATIO	N		
Is product exempt from DSCSA?			No						1						
If yes, select exemption:					GCP:					Weight Lbs.		ons (US msn			Saleable #
Other exemption - Write in: Is product repackaged?			No		If you was an	iginal product			Item/Each:	_	Depth	Width	Height	(Cube)	Pieces
Is product repackaged?	exclusive distrib	utor?	No	-		rect from mfr?	ļ.		item/Each.	0.36209	2.59	2.59	5.15	34.546715	1
Has FDA granted waiver/exception			No	-	•	ce manufacturer f	for repack	kaged product	Box/Carton/Bun	idle/					
If yes, attach documentation from				_				J	Inner Pack:	4.75398	10.9	8.34	5.78	525.43668	12
									Case:	20.74392	17.4	11.49	12.67	2533.0624	48
		G	GTIN AND HIBCC PRODUCT IN	IFORMATION						20.11002		11.40	12.07	2000.0021	-10
					0.71				Pallet:	696.845	48	40	57.67	110726.4	1536
Saleable Unit of Measure	5	Saleable Quantity	HIBCC		GTI	N-14 55150452019	n í	Unit of Use GTIN-14							
Box/Carton/Bundle/Inner Pack		12				55150452010				COST INFORMATION		1	NHOLESAL	ER USE ONL	Y:
Case		48				55150452014									
Pallet		1536			703	55150452018			Regular Cost			Vendor #:			
	-								Invoice Cost (W	AC) (\$)		Whsl. Code			
					_		_			4 - 1 - 0 - 0		Fineline Co	de:		
							-		As of date:	11/13/2023		1			
1			Attach copy of SAFETY DAT		S) or non hazar	d letter PACKAGE	FINSERT		H PRODUCT PACKAG			1			
*Please provide any additional info	ormation on page	e 2.	, and only of on a lit DAT		e, or nor nazar			ted Drop Ship Only.		ignature:			Narende	r Chamala	
	1.3					P	5 -		-	-					

HDA

Version 2021 For Designate	d Drop Ship Only Products, Please Use Page 3
MATERIAL HAZ	ARD CLASSIFICATION and TRANSPORTATION
Is this product (check all that apply): a. Cytotoxic? b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Is the product a CA Prop 65 carcinogen? Is the product a CA Prop 65 reproductive toxicant? No Does the product label bear a CA Prop 65 warning? 	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen X
c. Contact Hazard? Yes d. Does this product require special clean-up instructions? Yes (If yes, attach SDS with special instructions.) Yes e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No	Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No NFPA Storage Level: Is the product a NIOSH hazardous drug?
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	If yes, indicate which: Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics
Is this product regulated for shipment by IATA? No	
(if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard?	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: Image: Color of the state of the sta
Is the product restricted for air shipment? If so, indicate restriction: Yes Passenger Cargo Passenger & Cargo	Med Guide Required No Limited Distribution Requirement Image: Comments / Details: (For example, iPledge program?)
Is this a reportable quantity? Yes RQ Threshold: 10 lbs. (4.54 kg) Is this a marine pollutant? No Is this product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity Consumer Commodity, ORM-D Small Quantity (49 CFR 173.4)	REMS: No REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: DEA #: Provider Name: DEA #: Site Enrollment Number assigned NCPDP#: by Supplier: NPI #:
Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101); SP#	Comments Registry: Registry Program Contact Name: Phone:
ADD'L STORAGE INFORMATION	Comments
Is the Product Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: If yes, indicate which: Schedule No. Is it a scheduled listed chemical product?: Is it a schedule listed chemical product?	RETURN INSTRUCTIONS Contact tel. # if product received damaged: Is product returnable for credit: Yes
CLASS OF TRADE RESTRICTION:	Is product returnable for credit: Yes URL/Link to returns policy:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices YeS	https://eugiaus.com/policies/return-policy/
No Ites Restricted to retail pharmacy only: No Restricted to hospital, clinics, and physician offices only: No Restricted from US territories? (explain in comments) No Comments: Ites	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?
MISCELLANEC	DUS NOTES and/or Image of Product Barcode:



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 b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Fax Number: Fax Number: Phone No.: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:						
Expedited Freight Cha	arges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing						
Expedited freight fees billed with each order Drop Ship service fee billed with each order Drop Ship miscellaneous fees billed: Comments:		Overnight receipt available: Image: Constraint of time: PO Receipt cut off time: Image: Constraint of time: Days of week overnight is available: Monday Tuesday Image: Constraint of time: Priority Overnight receipt available: Image: Constraint of time: Image: Constraint of time: Image: Constraint of time: Image: Constraint of timage: Constraint of						
	iss of Trade Restriction:	Priority Overnight receipt available:						
	harmacy, hospitals, clinics and physician offices	Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Fax: Phone #: EDI: Fax #: Otvernight Fees apply: Image: Content of the conten						
Other Data Inf	formation Required to Process PO:	Return Instructions						
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:	Miscellaneous Notes:	Contact # if product is received damaged: Is product returnable for credit: URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements? Comments?						
		ADDITIONAL INFORMATION						
		Is product order for scheduled patient procedure?						