



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

Version 2021 Introduction Type: New Item Final Version Date:

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):	211817		
Medical Device Class, if applicable:			
DUNS:	968961354		
Proprietary Name (If Applicable) and Established Name:	Testosterone Cypionate Injection		
Selling Unit NDC:	55150-277-01	Unit of Use NDC:	55150-277-01
UDI		UPC:	355150277018
		CVX Code:	
		MXV Code:	
Description:	Testosterone Cypionate Injection, USP 200 mg per mL		
Active Ingredient(s):	Testosterone Cypionate Injection		
URL for Additional Product Information:	Eugias.com		
Address:	279 Princeton-Hightstown Road	Address 2:	
City:	East Windsor	State:	NJ
Key Contact:		Zip:	08520
Phone Number:	888-238-7880	Email:	
Product Therapeutic Classification:	Androgens	Fax:	732-355-9449

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Notes	
Is this product to be shipped to customers on ice?	<input type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> 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?	<input type="checkbox"/> No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="checkbox"/>
e. Shelf life:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text"/> Months

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class #	<input type="checkbox"/> No	Is the Product... Direct-Ship Only	<input type="checkbox"/>
a product kit? if yes, list NDCs of component parts reverse numbered?	<input type="checkbox"/> No	Is the Product... Orphan Drug Status	<input type="checkbox"/> Neither
co-licensed?	<input type="checkbox"/> No	FDA Approval Status	
latex-free?	<input type="checkbox"/> No	Allergens Present	
preservative-free?	<input type="checkbox"/> Yes	Country of Origin	India
correctional institution block?	<input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/> No
opioid?	<input type="checkbox"/> No		
Cannabinoid?	<input type="checkbox"/> No		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>		
If Unit Dose, indicate NDC here:			
		Size:	1 Vial
		Strength:	200 mg per mL
		Dosage Form:	Injection (Liquid)
		Product Shape:	Vial Pack
		Product Color:	
		Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Box of 1 Vial (55150-277-01)
<input type="checkbox"/> x Box/Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? <input type="checkbox"/> Yes
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="checkbox"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="checkbox"/> Inner/ Carton/Pack
<input type="checkbox"/> Other: Write In	<input type="text" value="1"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AO <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	Depo®-Testosterone* (testosterone cypionate injection, USP) by PFIZER INC

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value="1"/> Vial	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
	<input checked="" type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION			
Does supplier meet DSCSA definition of manufacturer?	<input type="checkbox"/> Yes	GLN:	
Is product exempt from DSCSA?	<input type="checkbox"/> No	GCP:	
If yes, select exemption: Other exemption - Write in:		If yes, was original product purchased direct from mfr?	<input type="checkbox"/>
Is product repackaged?	<input type="checkbox"/> No	Provide source manufacturer for repackaged product	
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No		
Has FDA granted waiver/exception/exemption for product? If yes, attach documentation from FDA.	<input type="checkbox"/> No		

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	Saleable # Pieces		
		Depth	Width	Height		
Item/Each:	0.07	1.61	1.53	2.4	5.91192	1
Box/ Carton/ Bundle/ Inner Pack:						
Case:	5.2115	11.02	7.48	7.87	648.72095	48
Pallet:	658.405	48	40	47.24	90700.8	5760

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		00355150277018	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	48		50355150277013	
<input checked="" type="checkbox"/> Pallet			70355150277017	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$19.00	Whsl. Code #:	
As of date:	11/3/2023	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:

Narender Chamala

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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION							
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <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"/> Yes</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 & 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"/> No (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;">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"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> Yes If yes, indicate which: <input type="text"/> Group 3 items (primarily adverse reproductive effects)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; 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; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <input type="checkbox"/> No If Yes, is it managed with a pharmacy registry? <input type="checkbox"/> Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No Limited Distribution Requirement <input type="checkbox"/> No Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/> Wholesale distributor support: <input type="checkbox"/></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"/> NPI #: <input type="text"/></p> <p>Comments: <input type="text"/></p> <p>Registry: <input type="checkbox"/></p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/> 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"/> Yes <input type="checkbox"/> No Controlled Substance Code <input type="text"/> CIII</p> <p>Controlled by State(s)? <input type="checkbox"/> Yes <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"/> 3 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"/></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>							
RETURN INSTRUCTIONS							
<p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>URL/Link to returns policy: <input type="text"/> https://eugiaus.com/policies/return-policy/</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 and/or Image of Product Barcode:							
<input type="text"/>							



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

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

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



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

Version 2021 Introduction Type: New Item Final Version Date:

PRODUCT INFORMATION	
Company Name:	Eugia US LLC (f/k/a AuroMedics Pharma LLC)
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	211817
Medical Device Class, if applicable:	
DUNS:	968961354
Proprietary Name (If Applicable) and Established Name:	Testosterone Cypionate Injection
Selling Unit NDC:	55150-276-01
Unit of Use NDC:	55150-276-01
UPC:	355150276011
UDI:	
CVX Code:	
MX Code:	
Description:	Testosterone Cypionate Injection, USP 1,000 mg per 10 mL (100 mg/mL)
Active Ingredient(s):	Testosterone Cypionate Injection
URL for Additional Product Information:	Eugias.com
Address:	279 Princeton-Hightstown Road
City:	East Windsor
Key Contact:	
Phone Number:	888-238-7880
Product Therapeutic Classification:	Androgens

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
Temperature Range	Controlled Room – between 20 and 25 C (68° – 77° F)
Other Temperature Range Requirement (write in)	
Notes	
Is this product to be shipped to customers on ice?	<input type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> 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?	<input type="checkbox"/> No
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="checkbox"/>
e. Shelf life:	<input type="text" value="24"/> Months
Initial shelf life at launch (if different):	<input type="text"/>

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? if yes, enter class #	<input type="checkbox"/> No	Is the Product... Direct-Ship Only	<input type="checkbox"/>
a product kit? if yes, list NDCs of component parts reverse numbered?	<input type="checkbox"/> No	Is the Product... Orphan Drug Status	<input type="checkbox"/> Neither
co-licensed?	<input type="checkbox"/> No	FDA Approval Status	<input type="text"/>
latex-free?	<input type="checkbox"/> No	Allergens Present	<input type="text"/>
preservative-free?	<input type="checkbox"/> Yes	Country of Origin	India
correctional institution block?	<input type="checkbox"/> No	Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/> No
opioid?	<input type="checkbox"/> No		
Cannabinoid?	<input type="checkbox"/> No		
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>		
If Unit Dose, indicate NDC here:	<input type="text"/>		
		Size:	1 Vial
		Strength:	1,000 mg per 10 mL (100 mg/mL)
		Dosage Form:	Injection (Liquid)
		Product Shape:	Vial Pack
		Product Color:	
		Product Imprint:	

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit?
<input checked="" type="checkbox"/> Bottle	1 Box of 1 Vial (55150-276-01)
<input type="checkbox"/> x Box/ Carton	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Ampule	
<input type="checkbox"/> Glass	Minimum order quantity? <input type="checkbox"/> Yes
<input type="checkbox"/> Tube	
<input type="checkbox"/> Vial Liquid Sgl	
<input type="checkbox"/> Vial Liquid Multi	If Yes, how many of which package type?
<input type="checkbox"/> Vial Powder Sgl	<input type="text"/> Each
<input type="checkbox"/> Vial Power Multi	<input type="text"/> Inner/ Carton/ Pack
<input type="checkbox"/> Other: Write In	<input type="text" value="1"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AO <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable
II. Generic Equivalent to What Brand?:	Depo®-Testosterone* (testosterone cypionate injection, USP) by PFIZER INC

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer?	Rx billing unit to pharmacy:
<input type="text" value="1"/> Vial	<input checked="" type="checkbox"/> Each
(Write-in, e.g. 1 Vial)	<input type="checkbox"/> Gram
	<input checked="" type="checkbox"/> Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input type="checkbox"/> Yes
Is product exempt from DSCSA?	<input type="checkbox"/> No
If yes, select exemption: Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="checkbox"/> No
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No
Has FDA granted waiver/exception/exemption for product? If yes, attach documentation from FDA.	<input type="checkbox"/> No
GLN:	<input type="text"/>
GCP:	<input type="text"/>
If yes, was original product purchased direct from mfr?	<input type="checkbox"/>
Provide source manufacturer for repackaged product	<input type="text"/>

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.)	Volume (Cube)	Saleable # Pieces		
		Depth	Width	Height		
Box/ Carton/ Bundle/ Inner Pack:	0.09899	1.61	1.53	2.4	5.91192	1
Case:	6.60302	11.02	7.48	7.87	648.72095	48
Pallet:	825.387	48	40	47.24	90700.8	5760

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		00355150276011	
<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	48		50355150276016	
<input checked="" type="checkbox"/> Pallet			70355150276010	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$41.40	Whsl. Code #:	
As of date:	11/3/2023	Fineline Code:	

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For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION							
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <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"/> Yes</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"/></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 & 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"/> No (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;"> <p style="text-align: center; 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"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> Yes If yes, indicate which: <input type="text"/> Group 3 items (primarily adverse reproductive effects)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; 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-top: 5px;"> <p style="text-align: center; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <input type="checkbox"/> No If Yes, is it managed with a pharmacy registry? <input type="checkbox"/> Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No Limited Distribution Requirement <input type="checkbox"/> No Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/> Wholesale distributor support: <input type="checkbox"/></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"/> NPI #: <input type="text"/></p> <p>Comments <input type="text"/></p> <p>Registry: <input type="checkbox"/></p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/> 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"/> Yes <input type="checkbox"/> No Controlled Substance Code <input type="text"/> CIII</p> <p>Controlled by State(s)? <input type="checkbox"/> Yes <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"/> 3 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"/></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>							
RETURN INSTRUCTIONS							
<p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>URL/Link to returns policy: <input type="text"/> https://eugiaus.com/policies/return-policy/</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 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"/>	Purchase order daily receipt cut off time by supplier Cut off time: <input type="text"/> Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days Ships same day for next day receipt: <input type="checkbox"/> Ships for second day receipt: <input type="checkbox"/> Ships regular ground for 3-10 days receipt: <input type="checkbox"/>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order: <input type="text"/> Drop Ship service fee billed with each order: <input type="text"/> Drop Ship miscellaneous fees billed: <input type="text"/> Comments: <input type="text"/>	Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Priority Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Saturday Overnight receipt available: <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/>
Class of Trade Restriction:	
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Restricted to retail pharmacy only: <input type="checkbox"/> Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> Restricted from US territories? (explain in comments) <input type="checkbox"/> Comments: <input type="text"/>	
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: <input type="text"/> Physician Name: <input type="text"/> Physician/Clinic Phone #: <input type="text"/> Physician State License #: <input type="text"/> Physician/Clinic DEA #: <input type="text"/> Physician/Clinic Specialty: <input type="text"/>	Contact # if product is received damaged: <input type="text"/> Is product returnable for credit: <input type="checkbox"/> URL/Link to returns policy: <input type="text"/> Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> If so, which states? Other requirements? Comments? <input type="text"/>
Miscellaneous Notes:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>



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*	
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): 211817 Medical Device Class, if applicable: _____ DUNS: 968961354 Proprietary Name (If Applicable) and Established Name: Testosterone Cypionate Injection Selling Unit NDC: 55150-0278-01 Unit of Use NDC: 55150-0278-01 UPC: 355150278015 UDI _____ CVX Code: _____ MVX Code: _____ Description: Testosterone Cypionate Injection, USP 2,000 mg per 10 mL (200 mg/mL) Active Ingredient(s): Testosterone Cypionate Injection URL for Additional Product Information: Eugiaus.com Address: 279 Princeton-Hightstown Road Address 2: _____ City: East Windsor State: NJ Zip: 08520 Key Contact: _____ Email: _____ Phone Number: 888-238-7880 Fax: 732-355-9449 Product Therapeutic Classification: Androgens		a. Temperature – Indicate the USP temperature range for this product. Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/> Other Temperature Range Requirement (write in) _____ 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. 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? <input type="text" value="No"/> Special returns requirements for this product? <input type="text" value="No"/> d. Store product (unit of sale) upright? <input type="text" value=""/> Protect product (unit of sale) from light? <input type="text" value=""/> e. Shelf life: <input type="text" value="24"/> Months Initial shelf life at launch (if different): <input type="text" value=""/> Months	

ADDITIONAL PRODUCT INFORMATION		PRODUCT DESCRIPTION INFORMATION	
The product is a legend device? <input type="text" value="No"/> if yes, enter class # _____ a product kit? <input type="text" value="No"/> if yes, list NDCs of component parts reverse numbered? _____ 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=""/> If Unit Dose, indicate NDC here: _____	Is the Product... Direct-Ship Only <input type="text" value=""/> Is the Product... Neither <input type="text" value=""/> Orphan Drug Status <input type="text" value=""/> FDA Approval Status _____ Allergens Present _____ Country of Origin <input type="text" value="India"/> Is this product covered under the Trade Agreements Act (TAA)? <input type="text" value="No"/>	Size: 1 Vial Strength: 2,000 mg per 10 mL (200 mg/mL) Dosage Form: Injection (Liquid) Product Shape: Vial Pack Product Color: _____ Product Imprint: _____	Size: 1 Vial Strength: 2,000 mg per 10 mL (200 mg/mL) Dosage Form: Injection (Liquid) Product Shape: Vial Pack Product Color: _____ Product Imprint: _____

ORDER INFORMATION	
Unit of Sale <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> x 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 _____	What is the NDC selling unit? <input type="text" value="1 Box of 1 Vial (55150-278-01)"/> (Write-in, e.g. 1 Box of 10 Vials) Minimum order quantity? <input type="text" value="Yes"/> If Yes, how many of which package type? <input type="text" value=""/> Each <input type="text" value=""/> Inner/ Carton/ Pack <input type="text" value="1"/> Case

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating: <input type="text" value="AO"/> <input type="checkbox"/> Authorized Generic *If Authorized Generic, other section fields are not applicable II. Generic Equivalent to What Brand?: <input type="text" value="Depo®-Testosterone* (testosterone cypionate injection, USP) by PFIZER INC"/>	

PHARMACY ORDER / BILL UNIT	
Rec. sell unit to customer? <input type="text" value="1 Vial"/> (Write-in, e.g. 1 Vial)	Rx billing unit to pharmacy: <input checked="" type="checkbox"/> Each <input type="checkbox"/> Gram <input checked="" type="checkbox"/> x Milliliter

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer? <input type="text" value="Yes"/> Is product exempt from DSCSA? <input type="text" value="No"/> If yes, select exemption: _____ Other exemption - Write in: _____ Is product repackaged? <input type="text" value="No"/> Is product sold by manufacturer's exclusive distributor? <input type="text" value="No"/> Has FDA granted waiver/exception/exemption for product? <input type="text" value="No"/> If yes, attach documentation from FDA. _____	GLN: _____ GCP: _____ If yes, was original product purchased direct from mfr? <input type="text" value=""/> Provide source manufacturer for repackaged product _____

ITEM AND PACKING INFORMATION						
Item/Each:	Weight Lbs.	Dimensions (US msmts.) Depth	Width	Height	Volume (Cube)	Saleable # Pieces
Item/Each:	0.1085	1.61	1.53	2.4	5.91192	1
Box/ Carton/ Bundle/ Inner Pack:						
Case:	7.0595	11.02	7.48	7.87	648.72095	48
Pallet:	Sea: 738.975 Air: 880.165	48	40	Sea: 39.37 Air: 47.24	Sea: 75590.4	Sea: 4800 Air: 5760

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		00355150278015	
<input type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack				
<input checked="" type="checkbox"/> Case	48		50355150278010	
<input checked="" type="checkbox"/> Pallet			70355150278014	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$35.00	Whsl. Code #:	
As of date:	11/3/2023	Fineline 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"/> Yes</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 & 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"/> No (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;">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"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? <input type="checkbox"/> Yes If yes, indicate which: <input type="text"/> Group 3 items (primarily adverse reproductive effects)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; 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; margin: 0;">REMS or REGISTRY RESTRICTIONS</p> <p>Is there a REMS on this product? <input type="checkbox"/> No If Yes, is it managed with a pharmacy registry? <input type="checkbox"/> Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No Limited Distribution Requirement <input type="checkbox"/> No Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/> Wholesale distributor support: <input type="checkbox"/></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"/> NPI #: <input type="text"/></p> <p>Comments: <input type="text"/></p> <p>Registry: <input type="checkbox"/></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
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ADD'L STORAGE INFORMATION							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> Yes <input type="checkbox"/> No Controlled Substance Code <input type="text"/> CIII</p> <p>Controlled by State(s)? <input type="checkbox"/> Yes <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"/> 3 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"/></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>							
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<p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>URL/Link to returns policy: <input type="text"/> https://eugiaus.com/policies/return-policy/</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 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
<p>Purchase orders may be accepted by:</p> <p>a. EDI <input type="checkbox"/></p> <p>b. Autofax <input type="checkbox"/></p> <p>c. Fax <input type="checkbox"/></p> <p>d. Phone only <input type="checkbox"/></p> <p>e. Supplier Web Site only <input type="checkbox"/></p> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Site Address: <input type="text"/></p>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <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"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>
Class of Trade Restriction:	
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	
Other Data Information Required to Process PO:	Return Instructions
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>
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