

Transaction Information:

Product Name include the strength and dosage
form of the product and size of container :

NDC Qty Date of Transaction Date of Shipment (if over 24 hrs) Document ID

Lot Number:

Seller name and address

Buyer name and address

Transaction History: (exempted if purchased directly from manufacturer.)

NDC Qty Date of Transaction Date of Shipment (if over 24 hrs) Document ID

Seller name and address

Buyer name and address

NDC Qty Date of Transaction Date of Shipment (if over 24 hrs) Document ID

Lot Number:

Seller name and address

Buyer name and address

NDC Qty Date of Transaction Date of Shipment (if over 24 hrs) Document ID

Lot Number:

Seller name and address

Buyer name and address

Transaction Statement

☐ (A) is authorized as required under the Drug Supply Chain

☐ (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

☐ (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

☐ (D) did not knowingly ship a suspect or illegitimate product;

☐ (E) had systems and processes in place to comply with verification requirements under section 582;

☐ (F) did not knowingly provide false transaction information; and

☐ (G) did not knowingly alter the transaction history.