



Date: 2/17/21

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$9.17	Whsl. Code #:	
As of date:	2/17/21	Fineline Code:	

Signature:



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

Version 2020

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

- a. Cytotoxic? ☐ No
- 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

- c. Contact Hazard? ☐ No
- d. Does this product require special clean-up instructions?
(If yes, attach SDS with special instructions.) ☐ No
- e. Does the product contain DEHP? ☐ No

Is this product regulated for shipment by DOT?

(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? ☐ No

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
- e. Inhalation Hazard? ☐ No

Is the product restricted for air shipment? If so, indicate restriction:

- ☐ Passenger
- ☐ Cargo
- ☐ Passenger & Cargo

Is this a reportable quantity? ☐ No

RQ Threshold:

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)
- ☐ Special Permit; DOT-SP
- ☐ Special Provision (listed in Column 7 of 49 CFR 172.101);
SP#

ADD'L STORAGE INFORMATION

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:
- Schedule No. Is it a scheduled listed chemical product?: ☐ No

CLASS OF TRADE RESTRICTION:

- No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices ☐ No
- Restricted to retail pharmacy only: ☐ No
- Restricted to hospital, clinics, and physician offices only: ☐ No
- Restricted from US territories? (explain in comments) ☐ No
- Comments:

SDS Hazard Classification

- ☐ Organic ☐ Corrosive
- ☐ Inorganic ☐ Oxidizer
- ☐ Steroid/Androgen ☐ Contact Hazard

☐ Aerosol Class; Identify NFPA Storage Level:

Is the product a NIOSH hazardous drug? ☐ No

If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code: Waste Characteristics

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? ☐ No

If Yes, is it managed with a pharmacy registry?

Website URL:

Med Guide Required ☐ No

Limited Distribution Requirement ☐ No

Comments / Details: (For example, iPledge program?)

REMS: ☐ No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: PCPDP#:

NPI #:

Comments

Registry: ☐ No

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: 405-942-3040

Is product returnable for credit: ☐ No

URL/Link to returns policy: <http://nebula.wsimg.com/2d4c27185448acd27ec3cb2ba470ced7?AccessKeyId=65CD67080D5ABADB075D&disposition=0&alloworigin=1>

Special regulations or returns requirements for this product in certain states? ☐ No

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:

Release DATE



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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																						
<p>Purchase orders may be accepted by:</p> <table><tr><td>a. EDI</td><td><input type="checkbox"/> Yes</td><td></td></tr><tr><td>b. Autofax</td><td><input type="checkbox"/> Yes</td><td>Fax Number: 405-942-5471</td></tr><tr><td>c. Fax</td><td><input type="checkbox"/> Yes</td><td>Fax Number: 405-942-5471</td></tr><tr><td>d. Phone only</td><td><input type="checkbox"/> Yes</td><td>Phone No.: 405-942-3040</td></tr><tr><td>e. Supplier Web Site only</td><td><input type="checkbox"/> No</td><td>Site Address:</td></tr></table> <p>Minimum Order Quantity: 24 Units</p> <p>Supplier's Customer Service Number: 405-942-3040</p> <p>Contracted 3PL company / contact #:</p> <table><tr><td>Name:</td><td></td></tr><tr><td>Phone:</td><td></td></tr></table>	a. EDI	<input type="checkbox"/> Yes		b. Autofax	<input type="checkbox"/> Yes	Fax Number: 405-942-5471	c. Fax	<input type="checkbox"/> Yes	Fax Number: 405-942-5471	d. Phone only	<input type="checkbox"/> Yes	Phone No.: 405-942-3040	e. Supplier Web Site only	<input type="checkbox"/> No	Site Address:	Name:		Phone:		<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: 5:00pm Central</p> <p>Shipping lead time of PO: Hours 2-5 Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/> No</p> <p>Ships for second day receipt: <input type="checkbox"/> No</p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/> Yes</p>			
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e. Supplier Web Site only	<input type="checkbox"/> No	Site Address:																					
Name:																							
Phone:																							
<p>Expedited Freight Charges or Other Designated Drop Ship Fees:</p> <p>Expedited freight fees billed with each order: <input type="checkbox"/> Yes</p> <p>Drop Ship service fee billed with each order: <input type="checkbox"/> No</p> <p>Drop Ship miscellaneous fees billed: <input type="checkbox"/> Yes</p> <p>Comments: Freight is charged to orders from Hawaii and Alaska. There are no freight charges for domestic customers on orders over \$200.00</p>	<p>Overnight and Priority Overnight PO Processing</p> <p>Overnight receipt available: <input type="checkbox"/> Yes</p> <p>PO Receipt cut off time: 12:00pm Central</p> <p>Days of week overnight is available:</p> <table><tr><td><input checked="" type="checkbox"/></td><td>Monday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Tuesday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Wednesday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Thursday</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Friday</td></tr></table> <p>Priority Overnight receipt available: <input type="checkbox"/> Yes</p> <p>PO Receipt Cut off time: 12:00pm CST</p> <p>Saturday Overnight receipt available: <input type="checkbox"/> Yes</p> <p>PO Receipt Cut off time: 12:00pm CST</p> <p>Order receipt method:</p> <table><tr><td>Phone:</td><td><input type="checkbox"/> Yes</td><td>Phone #:</td><td>405-942-3040</td></tr><tr><td>Fax:</td><td><input type="checkbox"/> Yes</td><td>Fax #:</td><td>405-942-5471</td></tr><tr><td>EDI:</td><td><input type="checkbox"/> Yes</td><td></td><td></td></tr></table> <p>Overnight Fees apply: <input type="checkbox"/> Yes</p> <p>Other fees apply: <input type="checkbox"/></p>	<input checked="" type="checkbox"/>	Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday	Phone:	<input type="checkbox"/> Yes	Phone #:	405-942-3040	Fax:	<input type="checkbox"/> Yes	Fax #:	405-942-5471	EDI:	<input type="checkbox"/> Yes		
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<p>Other Data Information Required to Process PO:</p> <p>Patient Procedure Date:</p> <p>Physician Name:</p> <p>Physician/Clinic Phone #:</p> <p>Physician State License #:</p> <p>Physician/Clinic DEA #:</p> <p>Physician/Clinic Specialty:</p>	<p>Return Instructions</p> <p>Contact # if product is received damaged: 405-942-3040</p> <p>Is product returnable for credit: <input type="checkbox"/> No</p> <p>URL/Link to returns policy: http://nebula.wsimg.com/2d4c27185448acd27ec2cb2ba470ced72?AccessKeyId=65CD67080D5ARA</p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No</p> <p>If so, which states? Other requirements? Comments:</p>																						
<p>Miscellaneous Notes:</p>	<p>ADDITIONAL INFORMATION</p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/> No</p> <p>Is product order for restocking purposes? <input type="checkbox"/> Yes</p>																						