

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
<b>Manufacturer/Broker Name:</b> _____ <b>Number:</b> _____ <b>Rx Product Name:</b> _____ <input type="checkbox"/> NDA <input type="checkbox"/> ANDA <b>Product ID Number:</b> <input type="checkbox"/> NDC <input type="checkbox"/> UPC/GTIN <b>Serialized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>How?</b> <input type="checkbox"/> 2D <input type="checkbox"/> RFID <input type="checkbox"/> Pallet <input type="checkbox"/> Case <input type="checkbox"/> Item <b>Description:</b> _____ <b>URL for additional product information:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Key Contact:</b> _____ <b>Email:</b> _____ <b>Phone Number:</b> _____ <b>Fax:</b> _____ <b>Is the Product...</b> <input type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item <b>a Controlled Drug?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, Schedule Number:</b> _____ <b>ARCOS reportable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Biological?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Co-Licensed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Repackaged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>a Legend Device?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does the product contain DEHP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Active ingredient, if product contains a drug:</b> _____ <b>Country of Origin:</b> _____ <b>Harmonization Code Number for International Shipping:</b> _____ <b>Is this product a Hazardous Material or Cytotoxic Agent?</b> <input type="checkbox"/> *Yes <input type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;"><b>Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</b></p>	<b>a. Temperature – Indicate the USP temperature range for this product.</b> <input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement  <b>b. Contact for temperature excursion questions:</b> <b>Name:</b> _____ <b>Number:</b> _____  <b>Is this product to be shipped to customers on ice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is this product to be shipped to customers on dry ice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>c. Special regulations for this product in certain states?</b> <input type="checkbox"/> *Yes <input type="checkbox"/> No <b>Special returns requirements for this product?</b> <input type="checkbox"/> *Yes <input type="checkbox"/> No  <b>d. Store product upright?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Protect product from light?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other requirements?*</b> _____ <p style="text-align: center;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION										
<b>Product Shape</b> <b>Product Color</b> <b>Product Imprint</b> <b>Is there a minimum order quantity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many?</b> <b>Of what package type?</b> <input type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item <b>Shelf life:</b> _____ <b>Months</b> <b>Initial shelf life at launch (if diff't)</b> _____	<b>Size/Strength/Form</b>  <input type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: _____	<b>Unit of Sale</b>  <b>Case:</b> _____ <b>Carton:</b> _____ <b>Item:</b> _____	<b>UPC Code</b>  <b>Case:</b> _____ <b>Carton:</b> _____ <b>Item:</b> _____	<b>Mstr. Shpr.</b>  _____	<b>Inner Case Pk</b>  _____	<b>Wght. Lbs.</b>  _____	<b>Cube</b>  _____	<b>Dimensions</b>			<b># Cases/Pallet</b>  _____
								<b>Case</b>	<b>Item</b>	<b>Pallet</b>	
								<b>Depth:</b> _____	<b>Depth:</b> _____	<b>Depth:</b> _____	
								<b>Height:</b> _____	<b>Height:</b> _____	<b>Height:</b> _____	
								<b>Width:</b> _____	<b>Width:</b> _____	<b>Width:</b> _____	
	<b>For Generic Drug Products:</b> <b>I. Orange Book Rating:</b> _____ <b>III. Brand Name Equivalent:</b> _____ <b>II. Product Color:</b> _____ <b>IV. Generic Name for Brand:</b> _____										
	<b>COST INFORMATION</b>										
<b>Whsl. Code #:</b> _____ <b>Fineline Code:</b> _____ <b>Is Item?</b> <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use <b>If Unit Dose, is item bar coded to unit dose for hospital scanning?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Regular Cost (\$)</b> _____	<b>Purchase Allowance</b> <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____		<b>Distribution</b> <input type="checkbox"/> OI <input type="checkbox"/> BB \$ _____ % _____		<b>Invoice Cost (\$)</b> _____	<b>Net Cost (\$)</b> _____	<b>Mfr's AWP</b> _____	<b>Avg Retail Price (\$)</b> _____	<b>SRP (\$)</b> _____	<b>Excise Tax</b> _____
	<b>DZ</b>										
	<b>EA</b>										
	<b>PPK</b>										



HAZARDOUS MATERIAL INFORMATION	
Is this product (check all that apply):	
a. Cytotoxic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Carcinogen	
<input type="checkbox"/> Reproductive Toxicant	
<input type="checkbox"/> Both	
<input type="checkbox"/> Warning appears on label	
c. Contact Hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does this product require special clean-up instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach MSDS with special instructions	
DANGEROUS GOODS SHIPPING INFORMATION	
Is this product regulated for shipment by the DOT <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, answer a-d below and provide MSDS)	
a. DOT Hazard Class _____	b. UN/ID Number _____
c. Packing Group _____	d. Inhalation Hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this product shipped utilizing an authorized DOT exception or Special Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, identify method below)	
<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# _____	
Is the product restricted for air shipment?	
<input type="checkbox"/> Passenger	
<input type="checkbox"/> Cargo	
<input type="checkbox"/> Passenger & Cargo	
STORAGE INFORMATION	
Please check as appropriate for this product.	
<input type="checkbox"/> Organic	<input type="checkbox"/> Inorganic
<input type="checkbox"/> Antineoplastic	<input type="checkbox"/> Steroid/Androgen
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Aerosol; Identify NFPA Storage Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
<input type="checkbox"/> Precursor Chemical (Describe below):	
<input type="checkbox"/> Ephedrine	
<input type="checkbox"/> Pseudoephedrine	
<input type="checkbox"/> Phenylpropanolamine	
<input type="checkbox"/> Iodine (≥2.2%)	
<input type="checkbox"/> Other: _____	
PRODUCT INFORMATION	ADDITIONAL INFORMATION
Does this product or its components have an MSDS? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.) <b>Attach a copy of MSDS or non-hazard letter.</b>	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?