



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: Post Launch Change

Final Version

Date:

| PRODUCT INFORMATION | |
|---|---|
| Company Name: | ZYDUS PHARMACEUTICALS (USA) INC. |
| Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): | 77-580 |
| DUNS: | 156861945 |
| Proprietary Name (If Applicable) and Established Name: | Haloperidol Tablets, USP 5 mg, 100 ct |
| Selling Unit NDC: | 68382-079-01 |
| Individual Unit NDC: | |
| UPC: | 368382079015 |
| UDI | |
| CVX Code: | |
| MVX Code: | |
| Description: | green, capsule-shaped, flat-faced, beveled-edge tablets debossed with the logo of 'ZC', '07' and partial bisect, on one side and plain on the other side. |
| Active Ingredient(s): | Haloperidol |
| URL for Additional Product Information: | www.zydususa.com |
| Address: | 73 ROUTE 31 NORTH |
| City: | PENNINGTON |
| Key Contact: | |
| Phone Number: | (609) 730 1900 |
| Product Therapeutic Classification: | |
| Application: | ANDA |

| SPECIAL HANDLING AND STORAGE REQUIREMENTS* | |
|---|---|
| a. Temperature – Indicate the USP temperature range for this product. | Controlled Room – between 20 and 25 C (68° – 77°) |
| Temperature Range | |
| Other Temperature Range Requirement (write in) | |
| Is this product to be shipped to customers on ice? | No |
| Is this product to be shipped to customers on dry ice? | No |
| b. Contact for temperature excursion questions: | |
| Name: | |
| Number: | |
| Group E-mail: | |
| c. Special regulations for product in any states? | No |
| Special returns requirements for this product? | No |
| d. Store product (unit of sale) upright? | Yes |
| Protect product (unit of sale) from light? | No |
| e. Shelf life: | 24 Months |
| Initial shelf life at launch (if different): | |

| ADDITIONAL PRODUCT INFORMATION | |
|---|----|
| Is the Product... a legend device? | No |
| reverse numbered? | No |
| co-licensed? | No |
| Is the Product... Direct-Ship Only? | |
| Is the Product... Neither? | |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? | |
| If Unit Dose NDC, indicate NDC here: | |
| Country of Origin | |
| Is this product covered under the Trade Agreements Act (TAA)? | |

| PRODUCT DESCRIPTION INFORMATION | |
|---------------------------------|-----------|
| Size: | 100 COUNT |
| Strength: | 5 MG |
| Dosage Form: | TABLETS |
| Product Shape: | CAPSULE |
| Product Color: | GREEN |
| Product Imprint: | ZC 07 |

| ORDER INFORMATION | |
|--|---|
| Unit of Sale | What is the NDC selling unit? □ |
| <input checked="" type="checkbox"/> Bottle | 1 BOTTLE OF 100 TABLETS |
| <input type="checkbox"/> Box/Carton | (Write-in, e.g. 1 Box of 10 Vials) |
| <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 Powder Multi | |
| <input type="checkbox"/> Other: Write In | |
| | Minimum order quantity? Yes |
| | If Yes, how many of which package type? |
| | Each |
| | Inner/Cartron/Pack |
| | 1 Case |

| FOR GENERIC DRUG PRODUCTS | |
|---|---|
| I. Orange Book Rating: | AB |
| II. Generic Equivalent to What Brand?: | Haloperidol |
| <input type="checkbox"/> Authorized Generic | *If Authorized Generic, other section fields are not applicable |

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

| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION | |
|--|--------------|
| Does supplier meet DSCSA definition of manufacturer? | Yes |
| Is product exempt from DSCSA? | No |
| If yes, select exemption: | |
| Other exemption - Write in: | |
| Is product repackaged? | No |
| Is product sold by manufacturer's exclusive distributor? | No |
| Has FDA granted waiver/exception/exemption for product? | No |
| GLN: | 036382000002 |
| If Yes, was original product purchased direct from mfr? | |
| If yes, attach documentation from FDA. | |

| ITEM AND PACKING INFORMATION | | | | | | |
|--------------------------------|-------------|-------|--------|-------|---------------|-----------|
| Item: | Weight Lbs. | Depth | Height | Width | Volume (Cube) | # Pieces: |
| Item: | 11.0 G | 1.615 | 3.03 | 1.615 | 7.90292175 | |
| Box/Cartron/Bundle/Inner Pack: | | | | | 0 | |
| Case: | 3.68 LBS | 6.5 | 3.82 | 9.72 | 241.3476 | 24 |
| Pallet: | 746 | 47 | 39 | 47 | 86151 | 4752 |
| UPC: | Case: | | | | | |
| | Cartron: | | | | | |

| GTIN PRODUCT INFORMATION | | | | | | |
|--------------------------|---|-------------------------------------|----------|----------------|--|--|
| Serialized? | Level | Saleable Unit | Quantity | GTIN-14 | | |
| No | <input checked="" type="checkbox"/> Item | <input checked="" type="checkbox"/> | 1 | 00368382079015 | | |
| If not, when? 1/1/2018 | <input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack | <input type="checkbox"/> | | | | |
| Items aggregated? Yes | <input checked="" type="checkbox"/> Case | <input type="checkbox"/> | 24 | 40368382079013 | | |
| | <input checked="" type="checkbox"/> Pallet | <input type="checkbox"/> | | 80368382079011 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| COST INFORMATION | | WHOLESALE USE ONLY: | |
|-------------------------------------|-----------|---------------------|--|
| Regular Cost | | Vendor #: | |
| Invoice Cost (WAC) (\$) | \$62.46 | Whsl. Code #: | |
| Federal Excise Tax Per Unit of Sale | | Fineline Code: | |
| As of date: | 8/10/2018 | | |

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:

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?
 Does the product label bear a CA Prop 65 warning?

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 or IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

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 by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

Is it a scheduled listed chemical product?:

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?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
 If Yes, is it managed with a pharmacy registry?
 Website URL:

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

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:
 Provider Name:

Site Enrollment Number assigned by Supplier:

DEA #:
 PCPDP #:
 NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy:

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:

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 #:</p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Phone No.: <input type="text"/></p> <p style="margin-left: 20px;">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 style="width: 100%; height: 50px;" 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 style="margin-left: 20px;"><input type="checkbox"/> Monday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tuesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Wednesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Thursday</p> <p style="margin-left: 20px;"><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: <input type="checkbox"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">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: | Return Instructions |
| <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 style="width: 100%; height: 50px;" 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 style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 50px;" type="text"/></p> |
| Other Data Information Required to Process PO: | ADDITIONAL INFORMATION |
| <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>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p> |
| Miscellaneous Notes: | |
| <input style="width: 100%; height: 100%;" type="text"/> | |



Standard Pharmaceutical Product Information (Rx Product Only)

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Introduction Type: Post Launch Change

Final Version

Date:

| PRODUCT INFORMATION | |
|---|---|
| Company Name: | ZYDUS PHARMACEUTICALS (USA) INC. |
| Application: | ANDA |
| Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device): | 77-580 |
| DUNS: | 156861945 |
| Proprietary Name (If Applicable) and Established Name: | Haloperidol Tablets, USP 5 mg, 1000 ct |
| Selling Unit NDC: | 68382-079-10 |
| Individual Unit NDC: | |
| UPC: | 368382079107 |
| UDI | |
| CVX Code: | |
| MVX Code: | |
| Description: | green, capsule-shaped, flat-faced, beveled-edge tablets debossed with the logo of 'ZC', '07' and partial bisect, on one side and plain on the other side. |
| Active Ingredient(s): | Haloperidol |
| URL for Additional Product Information: | www.zydususa.com |
| Address: | 73 ROUTE 31 NORTH |
| City: | PENNINGTON |
| State: | NJ |
| Address 2: | |
| Zip: | 08534 |
| Key Contact: | |
| Email: | |
| Phone Number: | (609) 730 1900 |
| Fax: | (609) 730 1998 |
| Product Therapeutic Classification: | |

| 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°) |
| Other Temperature Range Requirement (write in) | |
| Is this product to be shipped to customers on ice? | No |
| Is this product to be shipped to customers on dry ice? | No |
| b. Contact for temperature excursion questions: | |
| Name: | |
| Number: | |
| Group E-mail: | |
| c. Special regulations for product in any states? | |
| Special returns requirements for this product? | No |
| d. Store product (unit of sale) upright? | |
| Protect product (unit of sale) from light? | No |
| e. Shelf life: | |
| Initial shelf life at launch (if different): | <input type="text" value="24"/> Months |

| ADDITIONAL PRODUCT INFORMATION | |
|---|--------------------------|
| Is the Product... a legend device? | No |
| reverse numbered? | No |
| co-licensed? | No |
| Is the Product... Direct-Ship Only? | |
| Is the Product... Neither? | |
| If Unit Dose, is item bar coded to unit dose for hospital scanning? | <input type="checkbox"/> |
| If Unit Dose NDC, indicate NDC here: | |
| Country of Origin | |
| Is this product covered under the Trade Agreements Act (TAA)? | <input type="checkbox"/> |

| PRODUCT DESCRIPTION INFORMATION | |
|---------------------------------|------------|
| Size: | 1000 COUNT |
| Strength: | 5 MG |
| Dosage Form: | TABLETS |
| Product Shape: | CAPSULE |
| Product Color: | GREEN |
| Product Imprint: | ZC 07 |

| ORDER INFORMATION | |
|--|--|
| Unit of Sale | What is the NDC selling unit? <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Bottle | 1 BOTTLE OF 1000 TABLETS |
| <input type="checkbox"/> Box/Carton | (Write-in, e.g. 1 Box of 10 Vials) |
| <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 Powder Multi | |
| <input type="checkbox"/> Other: Write In | |
| | Minimum order quantity? Yes |
| | If Yes, how many of which package type? |
| | <input type="text" value="1"/> Each |
| | <input type="text" value="1"/> Inner/Cartron/Pack |
| | <input type="text" value="1"/> Case |

| FOR GENERIC DRUG PRODUCTS | |
|---|---|
| I. Orange Book Rating: | AB |
| II. Generic Equivalent to What Brand?: | Haloperidol |
| <input type="checkbox"/> Authorized Generic | *If Authorized Generic, other section fields are not applicable |

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

| DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION | |
|--|--------------------------|
| Does supplier meet DSCSA definition of manufacturer? | Yes |
| Is product exempt from DSCSA? | No |
| If yes, select exemption: | |
| Other exemption - Write in: | |
| Is product repackaged? | No |
| Is product sold by manufacturer's exclusive distributor? | No |
| Has FDA granted waiver/exception/exemption for product? | No |
| GLN: | 036382000002 |
| If Yes, was original product purchased direct from mfr? | <input type="checkbox"/> |
| If yes, attach documentation from FDA. | |

| ITEM AND PACKING INFORMATION | | | | | | |
|--------------------------------|-------------|-------|--------|-------|---------------|-----------|
| Item: | Weight Lbs. | Depth | Height | Width | Volume (Cube) | # Pieces: |
| Item: | 33.8 G | 2.88 | 5.1 | 2.88 | 42.30144 | |
| Box/Cartron/Bundle/Inner Pack: | | | | | 0 | |
| Case: | 8.2 LBS | 8.66 | 6.02 | 11.54 | 601.617128 | 12 |
| Pallet: | 751.5 | 47 | 39 | 47 | 86151 | 1080 |
| UPC: | Case: | | | | | |
| | Cartron: | | | | | |

| GTIN PRODUCT INFORMATION | | | | | | |
|--------------------------|----------|---|-------------------------------------|----------|----------------|--|
| Serialized? | No | Level | Saleable Unit | Quantity | GTIN-14 | |
| If not, when? | 1/1/2018 | <input checked="" type="checkbox"/> Item | <input checked="" type="checkbox"/> | 1 | 00368382079107 | |
| Items aggregated? | Yes | <input checked="" type="checkbox"/> Box/Cartron/Bundle/Inner Pack | | | | |
| | | <input checked="" type="checkbox"/> Case | | 12 | 40368382079105 | |
| | | <input checked="" type="checkbox"/> Pallet | | | 80368382079103 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

| COST INFORMATION | | WHOLESALE USE ONLY: | |
|-------------------------------------|-----------|---------------------|--|
| Regular Cost | | Vendor #: | |
| Invoice Cost (WAC) (\$) | \$621.82 | Whsl. Code #: | |
| Federal Excise Tax Per Unit of Sale | | Fineline Code: | |
| As of date: | 8/10/2018 | | |

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:

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?
 Does the product label bear a CA Prop 65 warning?

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 or IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard?

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 by State(s)? No

ARCOS Reportable? No

Schedule No. (inc. N for non-narcotic)

Controlled Substance Code

Listed Chemical (List I or II) No
 If yes, indicate which:

Is it a scheduled listed chemical product?:

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?
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No
 If Yes, is it managed with a pharmacy registry?
 Website URL:

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

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:
 Wholesale distributor support:

Provider Name:

Site Enrollment Number assigned by Supplier: DEA #:
 PCPDP #:
 NPI #:

Comments

Registry:

Registry Program Contact Name: Phone:

Comments

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: (877) 993 8779

Is product returnable for credit:

URL/Link to returns policy: www.zyduusa.com

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:

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 #:</p> <p style="margin-left: 20px;">Name: <input type="text"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Fax Number: <input type="text"/></p> <p style="margin-left: 20px;">Phone No.: <input type="text"/></p> <p style="margin-left: 20px;">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 style="width: 100%; height: 50px;" 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 style="margin-left: 20px;"><input type="checkbox"/> Monday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tuesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Wednesday</p> <p style="margin-left: 20px;"><input type="checkbox"/> Thursday</p> <p style="margin-left: 20px;"><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: <input type="checkbox"/></p> <p style="margin-left: 20px;">Phone: <input type="text"/> Phone #: <input type="text"/></p> <p style="margin-left: 20px;">Fax: <input type="text"/> Fax #: <input type="text"/></p> <p style="margin-left: 20px;">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: | Return Instructions |
| <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 style="width: 100%; height: 50px;" 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 style="margin-left: 20px;">If so, which states? Other requirements? Comments?</p> <p style="margin-left: 20px;"><input style="width: 100%; height: 50px;" type="text"/></p> |
| Other Data Information Required to Process PO: | ADDITIONAL INFORMATION |
| <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>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p> |
| Miscellaneous Notes: | |
| <input style="width: 100%; height: 100%;" type="text"/> | |