



Standard Pharmaceutical Product Information (Rx Product Only)

© August 2014

Introduction Type: New Item

Final Version

Date:

PRODUCT INFORMATION	
Company Name:	Zydus Pharmaceuticals USA Inc.
Application:	ANDA
Application Number for NDA/ANDA/BLA, Med Device:	91534
Rx Product/Proprietary Name:	Ranitidine Injection, USP 25mgml(10x2ml Single-Dose Vials)
NDC:	68382-422-02
UPC:	368382422026
CVX Code:	
MVX Code:	
Description:	Ranitidine Injection USP, 25 mg/mL.
Active ingredients:	Ranitidine
URL for Additional Product Information:	www.zydususa.com
Address:	73 Route 31 North
Address 2:	
City:	Pennington
State:	NJ
Zip:	08534
Key Contact:	
Email:	
Phone Number:	(609) 730 1900
Fax:	(609) 730 1991

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
<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 checked="" 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. Avoid Excessive Heat – above 40 C (>104° F)
<input type="checkbox"/>	VI. Other Temperature Range Requirement (write in) <input type="text"/>
<input type="checkbox"/>	VII. No Requirement
b. Contact for temperature excursion questions:	
Name:	<input type="text"/>
Number:	<input type="text"/>
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"/>
c. Special regulations for product in certain states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	
<input type="text" value="24"/> Months	
Initial shelf life at launch (if different):	<input type="text"/> Months

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Brand Name:	Zantac
III. Generic Equivalent for Brand:	Ranitidine Injection, USP 25mgml(10x2ml Single-Dose Vials)

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DUNS:	156861945
Is product exempt from DSCSA?	<input type="checkbox"/> No
If yes, select exemption:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="checkbox"/> No
If Yes, was original product purchased direct from mfr?	<input type="checkbox"/>
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No
Are any waivers granted for product ID/barcode?	<input type="checkbox"/> No
If yes, attach documentation from FDA	<input type="text"/>

ADDITIONAL PRODUCT INFORMATION	
Is the Product... Direct Ship Item	<input type="checkbox"/>
Legend Device?	<input type="checkbox"/> No
State Control?	<input type="checkbox"/> No
ARCOS reportable?	<input type="checkbox"/> No
Co-Licensed?	<input type="checkbox"/> No
Controlled Substance?	<input type="checkbox"/> No
Schedule No.?	<input type="text"/>
(incl. N for non-narcotic)	
Controlled Substance Code:	<input type="text"/>
Hazardous Material/Cytotoxic Agent?	<input type="checkbox"/> No
Is Item...	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>
Is it reverse numbered?	<input type="checkbox"/>

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

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Item:	7.68 G		1.377	0.629	0.86613	
Box/ Carton:					0	
Case:	9.92LBS	8.26	6.1	10.7	539.1302	10
Pallet:		47.24	48	39.37	89272.2624	80
UPC:	Case:					
	Carton:					

WHOLESALE USE ONLY:	
Vendor #:	<input type="text"/>
Whsl. Code #:	<input type="text"/>
Fineline Code:	<input type="text"/>

PHARMACY ORDER / BILL UNIT	Other Product Information
Rec. sell unit to customer?	Size/Strength/Form:
<input type="text"/>	10x2ml/25mg/ml/Injection
(Write-in, e.g. 1 Vial)	Product Shape:
Rx billing unit to pharmacy:	n/a
<input checked="" type="checkbox"/> Each	Product Color:
<input type="checkbox"/> Gram	Colorless to yellow
<input type="checkbox"/> Milliliter	Product Imprint:
	n/a

COST INFORMATION		
Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
	\$29.94	
As of date: <input type="text" value="9/10/2014"/>		

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:



Standard Pharmaceutical Product Information (Page 2)

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? No

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

c. Contact Hazard? No

d. Does this product require special clean-up instructions? No
(If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Hazardous Waste Identification	
EPA Hazardous Waste Code:	

Is this product regulated for shipment by the DOT? No

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?
 (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#

(if yes, answer a-d below and provide SDS)

a. DOT Hazard Class

b. UN/ID Number

c. Packing Group

d. Inhalation Hazard?

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

Passenger

Cargo

Passenger & Cargo

ADD'L STORAGE INFORMATION

Please check as appropriate for this product.

Organic Inorganic

Antineoplastic Steroid/Androgen

Corrosive Oxidizer

Aerosol Class; Identify NFPA Storage Level:

Listed Chemical (List I or II) (Indicate or Write-in below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine (≥2.2%)

Other:

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

ADDITIONAL PRODUCT INFORMATION - Serialization

Serialized?	Yes	Level		How?		RFID		GTIN-14
		Item	2D	Linear	Linear	RFID	RFID	1036838242026
If not, when?	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Items aggregated to case?	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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?)

RETURN INSTRUCTIONS

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

Is product returnable for credit:

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

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

If so, which states? Other requirements? Comments?

ADDITIONAL INFORMATION

If Unit Dose NDC, indicate NDC here:

MISCELLANEOUS NOTES and/or Image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

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



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Introduction Type:

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Date:

PRODUCT INFORMATION	
Company Name:	Zydus Pharmaceuticals USA Inc.
Application:	ANDA
Application Number for NDA/ANDA/BLA, Med Device:	91534
Rx Product/Proprietary Name:	Ranitidine Injection, USP 25mg/ml(1x6ml Multi-Dose Vials)
NDC:	68382-423-06
UPC:	36838243061
CVX Code:	
MVX Code:	
Description:	Ranitidine Injection USP, 25 mg/mL.
Active ingredients:	Ranitidine
URL for Additional Product Information:	www.zydususa.com
Address:	73 Route 31 North
Address 2:	
City:	Pennington
State:	NJ
Zip:	08534
Key Contact:	
Email:	
Phone Number:	(609) 730 1900
Fax:	(609) 730 1991

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	
<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 checked="" 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. Avoid Excessive Heat – above 40 C (>104° F)
<input type="checkbox"/>	VI. Other Temperature Range Requirement (write in) <input type="text"/>
<input type="checkbox"/>	VII. No Requirement
b. Contact for temperature excursion questions:	
Name:	<input type="text"/>
Number:	<input type="text"/>
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"/>
c. Special regulations for product in certain states?	
Special returns requirements for this product?	<input type="text" value="No"/>
d. Store product (unit of sale) upright?	
Protect product (unit of sale) from light?	<input type="text" value="No"/>
e. Shelf life:	
<input type="text" value="24"/> Months	
Initial shelf life at launch (if different):	<input type="text"/> Months

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Brand Name:	Zantac
III. Generic Equivalent for Brand:	Ranitidine Injection, USP 25mg/ml(1x6ml Multi-Dose Vials)

DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION	
Does supplier meet DSCSA definition of manufacturer?	<input checked="" type="text" value="Yes"/>
DUNS:	156861945
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	<input type="text"/>
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="text" value="No"/>
If Yes, was original product purchased direct from mfr?	<input type="text"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Are any waivers granted for product ID/barcode?	<input type="text" value="No"/>
If yes, attach documentation from FDA	<input type="text"/>

ADDITIONAL PRODUCT INFORMATION	
Is the Product... Direct Ship Item	<input type="text"/>
Legend Device?	<input type="text" value="No"/>
State Control?	<input type="text" value="No"/>
ARCOS reportable?	<input type="text" value="No"/>
Co-Licensed?	<input type="text" value="No"/>
Controlled Substance?	<input type="text" value="No"/>
Schedule No.?	<input type="text"/>
(incl. N for non-narcotic)	
Controlled Substance Code:	<input type="text"/>
Hazardous Material/Cytotoxic Agent?	<input type="text" value="No"/>
Is Item...	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>
Is it reverse numbered?	<input type="text"/>

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

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Dimensions (US msmts.)			Volume (Cube)	# Pieces:
		Depth	Height	Width:		
Item:	16.80 G		1.574	0.866	1.36308	
Box/ Carton:					0	
Case:	11.02LBS	12.59	7.48	11.02	1037.78866	12
Pallet:		47.24	48	39.37	89272.2624	60
UPC:	Case:					
	Carton:					

WHOLESALE USE ONLY:	
Vendor #:	<input type="text"/>
Whsl. Code #:	<input type="text"/>
Fineline Code:	<input type="text"/>

PHARMACY ORDER / BILL UNIT	Other Product Information
Rec. sell unit to customer?	Size/Strength/Form:
<input type="text"/>	1x6ml/25mg/ml/Injection
(Write-in, e.g. 1 Vial)	
Rx billing unit to pharmacy:	Product Shape:
<input checked="" type="checkbox"/> Each	n/a
<input type="checkbox"/> Gram	Product Color:
<input type="checkbox"/> Milliliter	Colorless to yellow
	Product Imprint:
	n/a

COST INFORMATION		
Regular Cost Per Unit of Sale (\$)	Invoice Cost (WAC) (\$)	Federal Excise Tax Per Unit of Sale
	\$6.95	
As of date: <input type="text" value="9/10/2014"/>		

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:



Standard Pharmaceutical Product Information (Page 2)

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? No

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

c. Contact Hazard? No

d. Does this product require special clean-up instructions? No
(If yes, attach SDS with special instructions.)

e. Does the product contain DEHP? No

Hazardous Waste Identification	
EPA Hazardous Waste Code:	

Is this product regulated for shipment by the DOT? No

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?
 (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#

(if yes, answer a-d below and provide SDS)

a. DOT Hazard Class

b. UN/ID Number

c. Packing Group

d. Inhalation Hazard?

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

Passenger

Cargo

Passenger & Cargo

ADDITIONAL PRODUCT INFORMATION - Serialization						
Serialized?	Yes	Level	How?	RFID	GTIN-14	
	<input checked="" type="checkbox"/>	Item	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> Linear	<input type="checkbox"/> RFID	1036838243061
If not, when?	<input type="text"/>	Box/ Carton	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> Linear	<input type="checkbox"/> RFID	<input type="text"/>
Items aggregated to case?	<input type="text"/>	Case	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> Linear	<input type="checkbox"/> RFID	<input type="text"/>
		Pallet	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> Linear	<input type="checkbox"/> RFID	<input type="text"/>

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?)

ADD'L STORAGE INFORMATION

Please check as appropriate for this product.

Organic Inorganic

Antineoplastic Steroid/Androgen

Corrosive Oxidizer

Aerosol Class; Identify NFPA Storage Level:

RETURN INSTRUCTIONS

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

Is product returnable for credit:

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

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

If so, which states? Other requirements? Comments?

Listed Chemical (List I or II) (Indicate or Write-in below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine (≥2.2%)

Other:

ADDITIONAL INFORMATION

If Unit Dose NDC, indicate NDC here:

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only: No

Restricted to hospital, clinics, and physician offices only: No

Restricted from US territories? (explain in comments) No

Comments:

MISCELLANEOUS NOTES and/or Image of Product Barcode:



Standard Pharmaceutical Product Information (Page 3)

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"/> _____ Fax Number: _____ c. Fax <input type="checkbox"/> _____ Fax Number: _____ d. Phone only <input type="checkbox"/> _____ Phone No.: _____ e. Supplier Web Site only <input type="checkbox"/> _____ Site Address: _____ Minimum Order Quantity: _____ Supplier's Customer Service Number: _____ Contracted 3PL company / contact #: _____ Name: _____ Phone: _____	Purchase order daily receipt cut off time by supplier Cut off time: _____ Shipping lead time of PO: _____ Hours _____ 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: _____ Drop Ship service fee billed with each order: _____ Drop Ship miscellaneous fees billed: _____ Comments: _____	Overnight receipt available: <input type="checkbox"/> _____ PO Receipt cut off time: _____ 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: _____ Saturday Overnight receipt available: <input type="checkbox"/> _____ PO Receipt Cut off time: _____ Order receipt method: Phone: _____ Phone #: _____ Fax: _____ Fax #: _____ EDI: _____ Overnight Fees apply: <input type="checkbox"/> _____ Other fees apply: <input type="checkbox"/> _____
Class of Trade Restriction:	REMS or Registry Restrictions
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: _____	REMS: _____ REMS Program Manager Name: _____ Phone: _____ Supplier Manages REMS registry exclusively: <input type="checkbox"/> _____ Wholesale distributor support: <input type="checkbox"/> _____ Provider Name: _____ Site Enrollment Number assigned by Supplier: _____ DEA #: _____ PCPDP #: _____ NPI #: _____ Comments: _____ Registry: _____ Registry Program Contact Name: _____ Phone: _____ Comments: _____
Other Data Information Required to Process PO:	Return Instructions
Patient Procedure Date: _____ Physician Name: _____ Physician/Clinic Phone #: _____ Physician State License #: _____ Physician/Clinic DEA #: _____ Physician/Clinic Specialty: _____	Contact # if product is received damaged: _____ Is product returnable for credit: <input type="checkbox"/> _____ URL/Link to returns policy: _____ Special regulations or returns requirements for this product in certain states? _____ If so, which states? Other requirements? Comments? _____
Miscellaneous Notes:	ADDITIONAL INFORMATION
_____ _____ _____	Is product order for scheduled patient procedure? <input type="checkbox"/> _____ Is product order for restocking purposes? <input type="checkbox"/> _____