



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:	ANDA
Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):	206750
DUNS:	156861945
Proprietary Name (If Applicable) and Established Name:	TEMOZOLOMIDE CAPSULES, 5MG
Selling Unit NDC:	6838275196
Individual Unit NDC:	
UPC:	368382751966
UDI	
CVX Code:	
MVX Code:	
Description:	white to off-white to light-pink/light-tan granular powder filled in size '5' hard gelatin capsules with green colored cap and white colored body. The capsule bodies are imprinted with "751" in black.
Active Ingredient(s):	TEMOZOLOMIDE
URL for Additional Product Information:	
Address:	73 ROUTE 31 NORTH
City:	PENNINGTON
State:	NJ
Address 2:	
Zip:	08534
Key Contact:	
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?	<input type="checkbox"/> No
Is this product to be shipped to customers on dry ice?	<input type="checkbox"/> No
b. Contact for temperature excursion questions:	
Name:	
Number:	
Group E-mail:	
c. Special regulations for product in any states?	<input type="checkbox"/> No
Special returns requirements for this product?	
d. Store product (unit of sale) upright?	<input type="checkbox"/> No
Protect product (unit of sale) from light?	<input type="checkbox"/> 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?	<input type="checkbox"/> No
reverse numbered?	<input type="checkbox"/> No
co-licensed?	<input type="checkbox"/> No
Is the Product... Direct-Ship Only	<input type="checkbox"/>
Is the Product... Neither	<input type="checkbox"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="checkbox"/>
If Unit Dose NDC, indicate NDC here:	<input type="text"/>
Country of Origin	<input type="text"/>
Is this product covered under the Trade Agreements Act (TAA)?	<input type="checkbox"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	5 COUNT
Strength:	5MG
Dosage Form:	CAPSULES
Product Shape:	CASULE
Product Color:	GREEN/WHITE
Product Imprint:	751

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	
What is the NDC selling unit? □	1 BOTTLE OF 5 CAPSULES
(Write-in, e.g. 1 Box of 10 Vials)	
Minimum order quantity?	<input type="checkbox"/> Yes
If Yes, how many of which package type?	
<input type="checkbox"/> Each	
<input type="checkbox"/> Inner/Carton/Pack	
<input checked="" type="checkbox"/> Case	

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	AB
II. Generic Equivalent to What Brand?:	TEMODAR
<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?	<input type="checkbox"/> Yes
Is product exempt from DSCSA?	<input type="checkbox"/> No
If yes, select exemption:	
Other exemption - Write in:	
Is product repackaged?	<input type="checkbox"/> No
Is product sold by manufacturer's exclusive distributor?	<input type="checkbox"/> No
Has FDA granted waiver/exception/exemption for product?	<input type="checkbox"/> No
GLN:	03638200002
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:		1.633	2.83	1.633	7.54672987	1
Box/Carton/Bundle/Inner Pack:	0.14	1.89	3.74	1.89	13.359654	1
Case:	5.5	11.88	4.8	8.07	460.18368	24
Pallet:	676	48	40	48	92160	2688
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	No	Level	Saleable Unit	Quantity	GTIN-14	
If not, when?	5/1/2018	<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	1	00368382751966	
Items aggregated?	Yes	<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack				
		<input checked="" type="checkbox"/> Case		24	40368382751964	
		<input checked="" type="checkbox"/> Pallet			80368382751962	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	
Invoice Cost (WAC) (\$)	\$21.43	Whsl. Code #:	
Federal Excise Tax Per Unit of Sale		Fineline Code:	
As of date:	5/1/2018		

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? Yes No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No Yes
 Is the product a CA Prop 65 reproductive toxicant? No Yes
 Does the product label bear a CA Prop 65 warning? No Yes

c. Contact Hazard? No Yes

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

e. Does the product contain DEHP? No Yes

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No Yes

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No Yes

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

Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity? No Yes
 RQ Threshold:

Is this a marine pollutant? No Yes

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 Yes

Controlled by State(s)? No Yes

ARCOS Reportable? No Yes

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

Controlled Substance Code

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

Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

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

Restricted to retail pharmacy only: No Yes

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

Restricted from US territories? (explain in comments) No Yes

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 Yes
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

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

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

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively: No Yes
 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: No Yes
 URL/Link to returns policy: www.zyduusa.com

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



Standard Pharmaceutical Product Information (Rx Product Only)

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Introduction Type: New Item

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):	206750
DUNS:	156861945
Proprietary Name (If Applicable) and Established Name:	TEMOZOLOMIDE CAPSULES, 5MG
Selling Unit NDC:	6838275167
Individual Unit NDC:	
UPC:	368382751676
UDI	
CVX Code:	
MVX Code:	
Description:	white to off-white to light-pink/light-tan granular powder filled in size '5' hard gelatin capsules with green colored cap and white colored body. The capsule bodies are imprinted with "751" in black.
Active Ingredient(s):	TEMOZOLOMIDE
URL for Additional Product Information:	
Address:	73 ROUTE 31 NORTH
City:	PENNINGTON
Key Contact:	
Phone Number:	(609) 730 1900
Product Therapeutic Classification:	
State:	NJ
Address 2:	
Zip:	08534
Email:	
Fax:	(609) 730 1998

SPECIAL HANDLING AND STORAGE REQUIREMENTS*	
a. Temperature – Indicate the USP temperature range for this product.	Temperature Range: <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77°)"/> Other Temperature Range Requirement (write in): <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"/>
b. Contact for temperature excursion questions:	Name: <input type="text"/> Number: <input type="text"/> Group E-mail: <input type="text"/>
c. Special regulations for product in any states?	Special returns requirements for this product? <input type="text" value="No"/>
d. Store product (unit of sale) upright?	<input type="text" value="No"/>
Protect product (unit of sale) from light?	<input type="text" value="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?	<input type="text" value="No"/>
reverse numbered?	<input type="text" value="No"/>
co-licensed?	<input type="text" value="No"/>
Is the Product... Direct-Ship Only?	<input type="text" value="Neither"/>
Is the Product... Neither?	<input type="text"/>
If Unit Dose, is item bar coded to unit dose for hospital scanning?	<input type="text"/>
If Unit Dose NDC, indicate NDC here:	<input type="text"/>
Country of Origin	<input type="text"/>
Is this product covered under the Trade Agreements Act (TAA)?	<input type="text"/>

PRODUCT DESCRIPTION INFORMATION	
Size:	14 COUNT
Strength:	5MG
Dosage Form:	CAPSULES
Product Shape:	CASULE
Product Color:	GREEN/WHITE
Product Imprint:	751

ORDER INFORMATION	
Unit of Sale	What is the NDC selling unit? <input type="text" value="1 BOTTLE OF 14 CAPSULES"/>
<input checked="" type="checkbox"/> Bottle	(Write-in, e.g. 1 Box of 10 Vials)
<input type="checkbox"/> Box/Carton	Minimum order quantity? <input type="text" value="Yes"/>
<input type="checkbox"/> Ampule	If Yes, how many of which package type?
<input type="checkbox"/> Glass	<input type="text"/>
<input type="checkbox"/> Tube	<input type="text" value="X"/> Each
<input type="checkbox"/> Vial Liquid Sgl	<input type="text"/>
<input type="checkbox"/> Vial Liquid Multi	<input type="text"/>
<input type="checkbox"/> Vial Powder Sgl	<input type="text"/>
<input type="checkbox"/> Vial Powder Multi	<input type="text"/>
<input type="checkbox"/> Other: Write In	<input type="text"/>

FOR GENERIC DRUG PRODUCTS	
I. Orange Book Rating:	<input type="text" value="AB"/>
II. Generic Equivalent to What Brand?:	<input type="text" value="TEMODAR"/>
<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="text"/>	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?	<input type="text" value="Yes"/>
Is product exempt from DSCSA?	<input type="text" value="No"/>
If yes, select exemption:	
Other exemption - Write in:	<input type="text"/>
Is product repackaged?	<input type="text" value="No"/>
Is product sold by manufacturer's exclusive distributor?	<input type="text" value="No"/>
Has FDA granted waiver/exception/exemption for product?	<input type="text" value="No"/>
GLN:	<input type="text" value="036382000002"/>
If Yes, was original product purchased direct from mfr?	<input type="text"/>
If yes, attach documentation from FDA.	

ITEM AND PACKING INFORMATION						
Item:	Weight Lbs.	Depth	Height	Width	Volume (Cube)	# Pieces:
Item:		1.633	2.83	1.633	7.54672987	1
Box/Carton/Bundle/Inner Pack:	0.14	1.89	3.74	1.89	13.359654	1
Case:	5.5	11.88	4.8	8.07	460.18368	24
Pallet:	676	48	40	48	92160	2688
UPC:	Case:					
	Carton:					

GTIN PRODUCT INFORMATION						
Serialized?	No	Level	Saleable Unit	Quantity	GTIN-14	
If not, when?	<input type="text" value="5/1/2018"/>	<input checked="" type="checkbox"/> Item	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/>	00368382751676
Items aggregated?	<input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Box/Carton/Bundle/Inner Pack		<input type="checkbox"/> 2D	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> Case		<input checked="" type="checkbox"/> 2D	<input type="checkbox"/>	40368382751674
		<input checked="" type="checkbox"/> Pallet		<input checked="" type="checkbox"/> 2D	<input type="checkbox"/>	80368382751672
				<input type="checkbox"/> 2D	<input type="checkbox"/>	
				<input type="checkbox"/> 2D	<input type="checkbox"/>	
				<input type="checkbox"/> 2D	<input type="checkbox"/>	
				<input type="checkbox"/> 2D	<input type="checkbox"/>	
				<input type="checkbox"/> 2D	<input type="checkbox"/>	
				<input type="checkbox"/> 2D	<input type="checkbox"/>	

COST INFORMATION		WHOLESALE USE ONLY:	
Regular Cost		Vendor #:	<input type="text"/>
Invoice Cost (WAC) (\$)	\$60.74	Whsl. Code #:	<input type="text"/>
Federal Excise Tax Per Unit of Sale		Fineline Code:	<input type="text"/>
As of date:	<input type="text" value="5/1/2018"/>		

For Designated Drop Ship Only Products, Please Use Page 3
MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? Yes No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No Yes
 Is the product a CA Prop 65 reproductive toxicant? No Yes
 Does the product label bear a CA Prop 65 warning? No Yes

c. Contact Hazard? No Yes

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

e. Does the product contain DEHP? No Yes

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS) No Yes

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No Yes

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

Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity? No Yes
 RQ Threshold:

Is this a marine pollutant? No Yes

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 Yes

Controlled by State(s)? No Yes

ARCOS Reportable? No Yes

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

Controlled Substance Code

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

Is it a scheduled listed chemical product?: No Yes

CLASS OF TRADE RESTRICTION:

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

Restricted to retail pharmacy only: No Yes

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

Restricted from US territories? (explain in comments) No Yes

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 Yes
 If yes, indicate which:

Hazardous Waste Identification

EPA Hazardous Waste Code:

REMS or REGISTRY RESTRICTIONS

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

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

REMS:

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively: No Yes
 Wholesale distributor support: No Yes
 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: No Yes

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

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

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