



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

Version 2021 Introduction Type:   Final Version Date:

PRODUCT INFORMATION				SPECIAL HANDLING AND STORAGE REQUIREMENTS*																																																																															
<b>Company Name:</b> <input type="text" value="Camber Pharmaceuticals, Inc."/> <b>Application:</b> <input type="text" value="ANDA"/> <b>Application Number for NDA/ANDA/BLA (drug); PMA/510(k)(med device):</b> <input type="text" value="090515"/> <b>Medical Device Class, if applicable:</b> <input type="text"/> <b>DUNS:</b> <input type="text" value="11-856-3719"/> <b>Proprietary Name (If Applicable) and Established Name:</b> <input type="text" value="Levetiracetam Tablets, USP 750 mg"/> <b>Selling Unit NDC:</b> <input type="text" value="31722-538-05"/> <b>Unit of Use NDC:</b> <input type="text"/> <b>UPC:</b> <input type="text" value="331722538053"/> <b>UDI</b> <input type="text"/> <b>CVX Code:</b> <input type="text"/> <b>MVX Code:</b> <input type="text"/> <b>Description:</b> <input type="text" value="Levetiracetam Tablets, USP 750 mg"/> <b>Active Ingredient(s):</b> <input type="text" value="Levetiracetam, USP"/> <b>URL for Additional Product Information:</b> <input type="text" value="www.camberpharma.com"/> <b>Address:</b> <input type="text" value="800 Centennial Ave, Suite 1"/> <b>Address 2:</b> <input type="text"/> <b>City:</b> <input type="text" value="Piscataway"/> <b>State:</b> <input type="text" value="NJ"/> <b>Zip:</b> <input type="text" value="08854"/> <b>Key Contact:</b> <input type="text" value="Customer Service"/> <b>Email:</b> <input type="text" value="customerservice@camberpharma.com"/> <b>Phone Number:</b> <input type="text" value="1-866-827-3647"/> <b>Fax:</b> <input type="text" value="732-562-8788"/> <b>Product Therapeutic Classification:</b> <input type="text" value="Anticonvulsant"/>				<b>a. Temperature – Indicate the USP temperature range for this product.</b> Temperature Range <input type="text" value="Controlled Room – between 20 and 25 C (68° – 77° F)"/>  Other Temperature Range Requirement (write in) <input type="text"/> Notes <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>URL for Additional Product Information:</b> <input type="text" value="www.camberpharma.com"/> <b>Address:</b> <input type="text" value="800 Centennial Ave, Suite 1"/> <b>Address 2:</b> <input type="text"/> <b>City:</b> <input type="text" value="Piscataway"/> <b>State:</b> <input type="text" value="NJ"/> <b>Zip:</b> <input type="text" value="08854"/> <b>Key Contact:</b> <input type="text" value="Customer Service"/> <b>Email:</b> <input type="text" value="customerservice@camberpharma.com"/> <b>Phone Number:</b> <input type="text" value="1-866-827-3647"/> <b>Fax:</b> <input type="text" value="732-562-8788"/> <b>Product Therapeutic Classification:</b> <input type="text" value="Anticonvulsant"/>				<b>b. Contact for temperature excursion questions:</b> <b>Name:</b> <input type="text" value="Soma Raju"/> <b>Number:</b> <input type="text" value="732-529-0423"/> <b>Group E-mail:</b> <input type="text" value="somaraju@heterousa.com"/>																																																																															
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<b>FOR GENERIC DRUG PRODUCTS</b> <b>I. Orange Book Rating:</b> <input type="text" value="AB"/> <input type="checkbox"/> Authorized Generic <small>*If Authorized Generic, other section fields are not applicable</small> <b>II. Generic Equivalent to What Brand?:</b> <input type="text" value="Keppra"/>				<b>ORDER INFORMATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <b>Unit of Sale</b>  <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"/> </td> <td style="width: 50%; padding: 2px;"> <b>What is the NDC selling unit?</b>  <input type="text" value="1 Bottle of 500 Tablets"/>  <small>(Write-in, e.g. 1 Box of 10 Vials)</small>   <b>Minimum order quantity?</b> <input type="text" value="Yes"/> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>If Yes, how many of which package type?</b>  <input type="text" value="12"/> Each  <input type="text"/> Inner/ Carton/Pack  <input type="text"/> Case           </td> </tr> </table>				<b>Unit of Sale</b> <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"/>	<b>What is the NDC selling unit?</b> <input type="text" value="1 Bottle of 500 Tablets"/> <small>(Write-in, e.g. 1 Box of 10 Vials)</small>  <b>Minimum order quantity?</b> <input type="text" value="Yes"/>	<b>If Yes, how many of which package type?</b> <input type="text" value="12"/> Each <input type="text"/> Inner/ Carton/Pack <input type="text"/> Case																																																																									
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<b>DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION</b> <b>Does supplier meet DSCSA definition of manufacturer?</b> <input type="text" value="Yes"/> <b>Is product exempt from DSCSA?</b> <input type="text" value="No"/> <b>GLN:</b> <input type="text" value="0331722498975"/> <b>If yes, select exemption:</b> <input type="text"/> <b>Other exemption - Write in:</b> <input type="text"/> <b>GCP:</b> <input type="text"/> <b>Is product repackaged?</b> <input type="text" value="No"/> <b>Is product sold by manufacturer's exclusive distributor?</b> <input type="text" value="Yes"/> <b>Has FDA granted waiver/exemption/exemption for product?</b> <input type="text" value="No"/> <b>If yes, attach documentation from FDA.</b> <input type="text"/> <b>If yes, was original product purchased direct from mfr?</b> <input type="text"/> <b>Provide source manufacturer for repackaged product</b> <input type="text"/>				<b>PHARMACY ORDER / BILL UNIT</b> <b>Rec. sell unit to customer?</b> <input type="text"/> <small>(Write-in, e.g. 1 Vial)</small> <b>Rx billing unit to pharmacy:</b> <input type="text"/> Each <input type="text"/> Gram <input type="text"/> Milliliter																																																																															
<b>GTIN AND HIBCC PRODUCT INFORMATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Saleable Unit of Measure</th> <th style="width: 15%;">Saleable Quantity</th> <th style="width: 20%;">HIBCC</th> <th style="width: 20%;">GTIN-14</th> <th style="width: 25%;">Unit of Use GTIN-14</th> </tr> <tr> <td><input checked="" type="checkbox"/> Item/Each</td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text" value="00331722538053"/></td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Case</td> <td><input type="text" value="12"/></td> <td><input type="text"/></td> <td><input type="text" value="20331722538057"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Pallet</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>				Saleable Unit of Measure	Saleable Quantity	HIBCC	GTIN-14	Unit of Use GTIN-14	<input checked="" type="checkbox"/> Item/Each	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="00331722538053"/>	<input type="text"/>	<input checked="" type="checkbox"/> Box/ Carton/ Bundle/ Inner Pack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> Case	<input type="text" value="12"/>	<input type="text"/>	<input type="text" value="20331722538057"/>	<input type="text"/>	<input type="checkbox"/> Pallet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>ITEM AND PACKING INFORMATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Item/Each:</th> <th colspan="3">Weight Lbs.</th> <th colspan="3">Dimensions (US msmts.)</th> <th rowspan="2">Volume (Cube)</th> <th rowspan="2">Saleable # Pieces</th> </tr> <tr> <th>Weight</th> <th>Depth</th> <th>Width</th> <th>Depth</th> <th>Width</th> <th>Height</th> </tr> </thead> <tbody> <tr> <td>Item/Each:</td> <td>1.15</td> <td>3.5</td> <td>3.5</td> <td>7</td> <td>85.75</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Box/ Carton/ Bundle/ Inner Pack:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Case:</td> <td>14.4</td> <td>14.5</td> <td>11.25</td> <td>8</td> <td>1305</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>Pallet:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Item/Each:	Weight Lbs.			Dimensions (US msmts.)			Volume (Cube)	Saleable # Pieces	Weight	Depth	Width	Depth	Width	Height	Item/Each:	1.15	3.5	3.5	7	85.75	1			Box/ Carton/ Bundle/ Inner Pack:									Case:	14.4	14.5	11.25	8	1305	12			Pallet:								
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<b>COST INFORMATION</b> <b>Regular Cost</b> <input type="text"/> <b>Invoice Cost (WAC) (\$)</b> <input type="text" value="\$82.78"/> <b>As of date:</b> <input type="text" value="4/15/2024"/>				<b>WHOLESALE USE ONLY:</b> <b>Vendor #:</b> <input type="text"/> <b>Whsl. Code #:</b> <input type="text"/> <b>Fineline Code:</b> <input type="text"/>																																																																															

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 and Medical Device Information (Rx Product Only)

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION																																																							
<p>Is this product (check all that apply):</p> <p>a. Cytotoxic? <input type="checkbox"/> No</p> <p>b. CA Prop. 65 Carcinogen or Reproductive Toxicant?            Is the product a CA Prop 65 carcinogen? <input type="checkbox"/> No            Is the product a CA Prop 65 reproductive toxicant? <input type="checkbox"/> No            Does the product label bear a CA Prop 65 warning? <input type="checkbox"/> No</p> <p>c. Contact Hazard? <input type="checkbox"/> No</p> <p>d. Does this product require special clean-up instructions?            (If yes, attach SDS with special instructions.) <input type="checkbox"/> No</p> <p>e. Does the product contain DEHP? <input type="checkbox"/> No</p> <p>Is this product regulated for shipment by DOT?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is this product regulated for shipment by IATA?            (if yes, answer a-e below and provide SDS) <input type="checkbox"/> No</p> <p>a. UN/Identification Number <input type="text"/></p> <p>b. Proper Shipping Name <input type="text"/></p> <p>c. DOT Hazard Class <input type="text"/></p> <p>d. Packing Group <input type="text"/></p> <p>e. Inhalation Hazard? <input type="checkbox"/></p> <p>Is the product restricted for air shipment? If so, indicate restriction: <input type="checkbox"/> No</p> <p><input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Passenger &amp; Cargo</p> <p>Is this a reportable quantity? <input type="checkbox"/> No            RQ Threshold: <input type="text"/></p> <p>Is this a marine pollutant? <input type="checkbox"/> No</p> <p>Is this product shipped utilizing an authorized DOT exception or Special Permit?  <input type="checkbox"/> No (if yes, identify method below)</p> <p><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# <input type="text"/></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">SDS Hazard Classification</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"><input checked="" type="checkbox"/> Organic</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Inorganic</td> <td style="padding: 2px;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Steroid/Androgen</td> <td style="padding: 2px;"><input type="checkbox"/> Contact Hazard</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">NFPA Storage Level: <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Is the product a NIOSH hazardous drug? <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">If yes, indicate which: <input type="text"/></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">Hazardous Waste Identification</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;">EPA Hazardous Waste Code: <input type="text"/></td> <td style="padding: 2px;">Waste Characteristics <input type="text"/></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">REMS or REGISTRY RESTRICTIONS</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;">Is there a REMS on this product? <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">If Yes, is it managed with a pharmacy registry? <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Website URL: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Med Guide Required <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Limited Distribution Requirement <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Comments / Details: (For example, iPledge program?) <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>REMS:</b> <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">REMS Program Manager Name: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Supplier Manages REMS registry exclusively: <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Wholesale distributor support: <input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Provider Name: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Site Enrollment Number assigned by Supplier: <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Comments <input type="text"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>Registry:</b> <input type="checkbox"/> No</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Registry Program Contact Name: <input type="text"/></td> <td style="padding: 2px;">Phone: <input type="text"/></td> </tr> <tr> <td style="padding: 2px;">Comments <input type="text"/></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	SDS Hazard Classification		<input checked="" type="checkbox"/> Organic	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard	Does the product have an Aerosol class? 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If yes, indicate which: <input type="text"/>																																																							
Hazardous Waste Identification																																																							
EPA Hazardous Waste Code: <input type="text"/>	Waste Characteristics <input type="text"/>																																																						
REMS or REGISTRY RESTRICTIONS																																																							
Is there a REMS on this product? <input type="checkbox"/> No																																																							
If Yes, is it managed with a pharmacy registry? <input type="checkbox"/>																																																							
Website URL: <input type="text"/>																																																							
Med Guide Required <input type="checkbox"/> No																																																							
Limited Distribution Requirement <input type="checkbox"/>																																																							
Comments / Details: (For example, iPledge program?) <input type="text"/>																																																							
<b>REMS:</b> <input type="checkbox"/> No																																																							
REMS Program Manager Name: <input type="text"/>																																																							
Supplier Manages REMS registry exclusively: <input type="checkbox"/>																																																							
Wholesale distributor support: <input type="checkbox"/>																																																							
Provider Name: <input type="text"/>																																																							
Site Enrollment Number assigned by Supplier: <input type="text"/>																																																							
Comments <input type="text"/>																																																							
<b>Registry:</b> <input type="checkbox"/> No																																																							
Registry Program Contact Name: <input type="text"/>	Phone: <input type="text"/>																																																						
Comments <input type="text"/>																																																							
ADD'L STORAGE INFORMATION																																																							
<p>Is the Product...</p> <p>Controlled Substance? <input type="checkbox"/> No      Controlled Substance Code <input type="text"/></p> <p>Controlled by State(s)? <input type="checkbox"/> No      Listed Chemical (List I or II) <input type="checkbox"/> No</p> <p>ARCOS Reportable? <input type="checkbox"/> No      If yes, indicate which: <input type="text"/></p> <p>Schedule No. <input type="text"/>      Is it a scheduled listed chemical product?: <input type="checkbox"/> No</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #002060; color: white;"> <th colspan="2" style="text-align: center; padding: 2px;">RETURN INSTRUCTIONS</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;">Contact tel. # if product received damaged: <input type="text"/></td> <td style="padding: 2px;">1-866-827-3647</td> </tr> <tr> <td style="padding: 2px;">Is product returnable for credit: <input type="checkbox"/> Yes</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">URL/Link to returns policy: <input type="text"/></td> <td style="padding: 2px;">contact - customerservice@camberpharma.com</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">If so, which states? Other requirements? Comments? <input type="text"/></td> </tr> </tbody> </table>	RETURN INSTRUCTIONS		Contact tel. # if product received damaged: <input type="text"/>	1-866-827-3647	Is product returnable for credit: <input type="checkbox"/> Yes		URL/Link to returns policy: <input type="text"/>	contact - customerservice@camberpharma.com	Special regulations or returns requirements for this product in certain states? <input type="checkbox"/> No		If so, which states? Other requirements? Comments? <input type="text"/>																																											
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If so, which states? Other requirements? Comments? <input type="text"/>																																																							
CLASS OF TRADE RESTRICTION:																																																							
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/> Yes</p> <p>Restricted to retail pharmacy only: <input type="checkbox"/> No</p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/> No</p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p>	<p style="text-align: center; font-weight: bold; font-size: small;">MISCELLANEOUS NOTES and/or Image of Product Barcode:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																																						
Release DATE																																																							



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

Version 2021

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: <input type="text"/> c. Fax <input type="checkbox"/> Fax Number: <input type="text"/> d. Phone only <input type="checkbox"/> Phone No.: <input type="text"/> e. Supplier Web Site only <input type="checkbox"/> Site Address: <input type="text"/> 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"/>	<b>Purchase order daily receipt cut off time by supplier</b> 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"/>	<b>Overnight receipt available:</b> <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 <b>Priority Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> <b>Saturday Overnight receipt available:</b> <input type="checkbox"/> PO Receipt Cut off time: <input type="text"/> Order receipt method: 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:	ADDITIONAL INFORMATION
<input type="text"/>	Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/>