



**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? Yes

Controlled by State(s)? Yes

ARCOS Reportable? Yes

Schedule No. (inc. N for non-narcotic) n/a

Controlled Substance Code CII-Oxycodone 9143

Listed Chemical (List I or II) No

If yes, indicate which: \_\_\_\_\_

Is it a scheduled listed chemical product?: No

**CLASS OF TRADE RESTRICTION:**

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

Restricted to retail pharmacy only: Yes

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: No  
 Wholesale distributor support: No  
 Provider Name: \_\_\_\_\_  
 Site Enrollment Number assigned by Supplier: \_\_\_\_\_ DEA #: No  
 PCPDP #: No  
 NPI #: No

Comments \_\_\_\_\_

**Registry:** No  
 Registry Program Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments \_\_\_\_\_

**RETURN INSTRUCTIONS**

Contact tel. # if product received damaged: 732-529-0430

Is product returnable for credit: Yes

URL/Link to returns policy: contact - customerservice@camberpharma.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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. EDI</td> <td style="width: 10%; text-align: center;"><u>Yes</u></td> <td style="width: 10%;"></td> <td style="width: 60%;"></td> </tr> <tr> <td>b. Autofax</td> <td style="text-align: center;"><u>No</u></td> <td>Fax Number:</td> <td><input type="text"/></td> </tr> <tr> <td>c. Fax</td> <td style="text-align: center;"><u>Yes</u></td> <td>Fax Number:</td> <td><u>732-562-8788</u></td> </tr> <tr> <td>d. Phone only</td> <td style="text-align: center;"><u>No</u></td> <td>Phone No.:</td> <td><input type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td style="text-align: center;"><u>No</u></td> <td>Site Address:</td> <td><input type="text"/></td> </tr> </table> <p>Minimum Order Quantity: <u>case pack</u></p> <p>Supplier's Customer Service Number: <u>732-529-0430 x466 x465 x467 x470</u></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td><input type="text"/></td> </tr> <tr> <td>Phone:</td> <td><input type="text"/></td> </tr> </table>	a. EDI	<u>Yes</u>			b. Autofax	<u>No</u>	Fax Number:	<input type="text"/>	c. Fax	<u>Yes</u>	Fax Number:	<u>732-562-8788</u>	d. Phone only	<u>No</u>	Phone No.:	<input type="text"/>	e. Supplier Web Site only	<u>No</u>	Site Address:	<input type="text"/>	Name:	<input type="text"/>	Phone:	<input type="text"/>	<p><b>Purchase order daily receipt cut off time by supplier</b></p> <p>Cut off time: <input type="text" value="2:30PM"/> Eastern</p> <p>Shipping lead time of PO: <input type="text" value="24/48"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="text" value="No"/></p> <p>Ships for second day receipt: <input type="text" value="No"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="text" value="Yes"/></p>
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Phone:	<input type="text"/>																								
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" value="No"/></p> <p>Drop Ship service fee billed with each order: <input type="text" value="No"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text" value="No"/></p> <p>Comments: <input style="width: 100%; height: 40px;" type="text"/></p>	<p><b>Overnight receipt available:</b> <input type="text" value="Yes"/></p> <p>PO Receipt cut off time: <input type="text" value="2:30PM"/> Eastern</p> <p>Days of week overnight is available:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td>Monday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Tuesday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Wednesday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Thursday</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Friday</td></tr> </table> <p><b>Priority Overnight receipt available:</b> <input type="text" value="Yes"/></p> <p>PO Receipt Cut off time: <input type="text" value="2:30PM EST"/></p> <p><b>Saturday Overnight receipt available:</b> <input type="text" value="No"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Phone:</td> <td style="width: 10%; text-align: center;"><u>No</u></td> <td style="width: 10%;">Phone #:</td> <td><input type="text"/></td> </tr> <tr> <td>Fax:</td> <td style="text-align: center;"><u>Yes</u></td> <td>Fax #:</td> <td><u>732-562-8788</u></td> </tr> <tr> <td>EDI:</td> <td style="text-align: center;"><u>Yes</u></td> <td></td> <td></td> </tr> </table> <p>Overnight Fees apply: <input type="text" value="Yes"/></p> <p>Other fees apply: <input type="text" value="No"/></p>	<input checked="" type="checkbox"/>	Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday	Phone:	<u>No</u>	Phone #:	<input type="text"/>	Fax:	<u>Yes</u>	Fax #:	<u>732-562-8788</u>	EDI:	<u>Yes</u>				
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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="text" value="No"/></p> <p>Is product order for restocking purposes? <input type="text" value="No"/></p>																								
Miscellaneous Notes:																									
<input style="width: 100%; height: 80px;" type="text"/>																									