

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

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? _____
 Is the product a CA Prop 65 reproductive toxicant? _____
 Does the product label bear a CA Prop 65 warning? _____

c. Contact Hazard? _____

d. Does this product require special clean-up instructions?
 (If yes, attach SDS with special instructions.) _____

e. Does the product contain DEHP? _____

Is this product regulated for shipment by DOT or IATA?
 (if yes, answer a-e below and provide SDS)

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?
 RQ Threshold: _____

Is this a marine pollutant? _____

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# _____

SDS Hazard Classification

Organic _____

Inorganic _____

Steroid/Androgen _____

Corrosive _____

Oxidizer _____

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? _____

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 #: _____

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? _____

Controlled by State(s)? _____

ARCOS Reportable? _____

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

Controlled Substance Code _____

Listed Chemical (List I or II) _____

If yes, indicate which: _____

Is it a scheduled listed chemical product?: _____

Comments _____

Registry: _____

Registry Program Contact Name: _____ Phone: _____

Comments _____

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: _____

RETURN INSTRUCTIONS

Contact tel. # if product received damaged: customerservice@twipharmausa.com

Is product returnable for credit: _____

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 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> <ul style="list-style-type: none"> 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"/> <p>Minimum Order Quantity: <input type="text"/></p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Name:</td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: none;"><input type="text"/></td> </tr> </table>	Name:	<input type="text"/>	Phone:	<input type="text"/>	<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>																		
Name:	<input type="text"/>																						
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="checkbox"/></p> <p>Drop Ship service fee billed with each order: <input type="checkbox"/></p> <p>Drop Ship miscellaneous fees billed: <input type="checkbox"/></p> <p>Comments: <input style="width: 100%; height: 40px;" 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> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table> <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:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Phone:</td> <td style="border: none;"><input type="text"/></td> <td style="border: none;">Phone #:</td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;">Fax:</td> <td style="border: none;"><input type="text"/></td> <td style="border: none;">Fax #:</td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;">EDI:</td> <td style="border: none;"><input type="text"/></td> <td></td> <td></td> </tr> </table> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	Phone:	<input type="text"/>	Phone #:	<input type="text"/>	Fax:	<input type="text"/>	Fax #:	<input type="text"/>	EDI:	<input type="text"/>		
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Phone:	<input type="text"/>	Phone #:	<input type="text"/>																				
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EDI:	<input type="text"/>																						
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: 40px;" type="text"/></p>	<p>Contact # if product is received damaged: <input type="text" value="CustomerService@twipharm"/></p> <p>Is product returnable for credit: <input type="checkbox"/> Yes</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>If so, which states? Other requirements? Comments? <input style="width: 100%; height: 40px;" 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: 60px;" type="text"/>																							