

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"/> No</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"/> No</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 & 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>	<div style="background-color: #002060; color: white; padding: 2px; text-align: center; font-weight: bold;">SDS Hazard Classification</div> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Organic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Corrosive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inorganic</td> <td style="border: none;"><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steroid/Androgen</td> <td style="border: none;"><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify NFPA Storage Level: <input type="checkbox"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? If yes, indicate which: <input type="checkbox"/> No <input type="text"/></p>	<input 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										
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<input type="checkbox"/> Steroid/Androgen	<input type="checkbox"/> Contact Hazard																
Hazardous Waste Identification																	
EPA Hazardous Waste Code: <input type="text"/> Waste Characteristics: <input type="text"/>																	
REMS or REGISTRY RESTRICTIONS																	
<p>Is there a REMS on this product? <input type="checkbox"/> No</p> <p>If Yes, is it managed with a pharmacy registry? Website URL: <input type="text"/></p> <p>Med Guide Required <input type="checkbox"/> No</p> <p>Limited Distribution Requirement <input type="checkbox"/> No</p> <p>Comments / Details: (For example, iPledge program?) <input type="text"/></p> <p>REMS: <input type="checkbox"/> No</p> <p>REMS Program Manager Name: <input type="text"/> Phone: <input type="text"/></p> <p>Supplier Manages REMS registry exclusively: <input type="checkbox"/></p> <p>Wholesale distributor support: <input type="checkbox"/></p> <p>Provider Name: <input type="text"/> DEA #: <input type="text"/></p> <p>Site Enrollment Number assigned by Supplier: <input type="text"/> NCPDP#: <input type="text"/></p> <p>NPI #: <input type="text"/></p> <p>Comments <input type="text"/> IT IS NOT A REMS PRODUCT</p> <p>Registry: <input type="checkbox"/> No</p> <p>Registry Program Contact Name: <input type="text"/> Phone: <input type="text"/></p> <p>Comments <input type="text"/> IT IS NOT A REMS PRODUCT</p>																	
ADD'L STORAGE INFORMATION																	
<p>Is the Product...</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Controlled Substance?</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 40%;">Controlled Substance Code</td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>Controlled by State(s)?</td> <td><input type="checkbox"/> No</td> <td>Listed Chemical (List I or II)</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>ARCOS Reportable?</td> <td><input type="checkbox"/> No</td> <td>If yes, indicate which:</td> <td><input type="text"/></td> </tr> <tr> <td>Schedule No.</td> <td><input type="text"/> 5</td> <td>Is it a scheduled listed chemical product?:</td> <td><input type="checkbox"/> Yes</td> </tr> </table>		Controlled Substance?	<input type="checkbox"/> No	Controlled Substance Code	<input type="text"/>	Controlled by State(s)?	<input type="checkbox"/> No	Listed Chemical (List I or II)	<input type="checkbox"/> No	ARCOS Reportable?	<input type="checkbox"/> No	If yes, indicate which:	<input type="text"/>	Schedule No.	<input type="text"/> 5	Is it a scheduled listed chemical product?:	<input type="checkbox"/> Yes
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Schedule No.	<input type="text"/> 5	Is it a scheduled listed chemical product?:	<input type="checkbox"/> Yes														
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"/></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 type="text"/></p>																	
RETURN INSTRUCTIONS																	
<p>Contact tel. # if product received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: https://creekwoodpharma.com/wp-content/uploads/2023/07/Return-Goods-Policy.pdf</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 type="text"/></p>																	
MISCELLANEOUS NOTES and/or Image of Product Barcode:																	
<input type="text"/>																	



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																									
<p>Purchase orders may be accepted by:</p> <table border="0"> <tr> <td>a. EDI</td> <td><input type="checkbox"/></td> <td>Yes</td> <td>Fax Number:</td> <td><input type="text"/></td> </tr> <tr> <td>b. Autofax</td> <td><input type="checkbox"/></td> <td></td> <td>Fax Number:</td> <td><input type="text"/></td> </tr> <tr> <td>c. Fax</td> <td><input type="checkbox"/></td> <td></td> <td>Phone No.:</td> <td><input type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td><input type="checkbox"/></td> <td></td> <td>Site Address:</td> <td><input type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table> <p>Minimum Order Quantity: <input type="text"/> Units</p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: Direct customer solutions (R & S) Phone: 1-800-655-7556</p>	a. EDI	<input type="checkbox"/>	Yes	Fax Number:	<input type="text"/>	b. Autofax	<input type="checkbox"/>		Fax Number:	<input type="text"/>	c. Fax	<input type="checkbox"/>		Phone No.:	<input type="text"/>	d. Phone only	<input type="checkbox"/>		Site Address:	<input type="text"/>	e. Supplier Web Site only	<input type="checkbox"/>				<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>
a. EDI	<input type="checkbox"/>	Yes	Fax Number:	<input type="text"/>																						
b. Autofax	<input type="checkbox"/>		Fax Number:	<input type="text"/>																						
c. Fax	<input type="checkbox"/>		Phone No.:	<input type="text"/>																						
d. Phone only	<input type="checkbox"/>		Site Address:	<input type="text"/>																						
e. Supplier Web Site only	<input type="checkbox"/>																									
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"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input 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 border="0"> <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: Phone: <input type="text"/> Phone #: <input type="text"/> Fax: <input type="text"/> Fax #: <input type="text"/> EDI: <input type="text"/></p> <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															
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Class of Trade Restriction:																										
<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 type="text"/></p>																										
Other Data Information Required to Process PO:	Return Instructions																									
<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>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></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 type="text"/></p>																									
Miscellaneous Notes:																										
<p><input type="text"/></p>	<p>ADDITIONAL INFORMATION</p> <p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>																									