

Version 2024

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"/> 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: 1px solid black;"> <tr> <td><input type="checkbox"/> Organic</td> <td><input type="checkbox"/> Corrosive</td> </tr> <tr> <td><input type="checkbox"/> Inorganic</td> <td><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td><input type="checkbox"/> Steroid/Androgen</td> <td><input type="checkbox"/> Contact Hazard</td> </tr> </table> <p>Does the product have an Aerosol class? If yes, identify <input type="text"/> No</p> <p>NFPA Storage Level: <input type="text"/></p> <p>NFPA Storage Level: <input type="text"/></p> <p>Is the product a NIOSH hazardous drug? If yes, indicate which: <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 | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | |
| Hazardous Waste Identification | | | | | | | | | | | | | | | | | |
| <p>EPA Hazardous Waste Code: <input type="text"/></p> <p>Waste Characteristics: <input type="text"/></p> | | | | | | | | | | | | | | | | | |
| 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="text"/></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%;"> <tr> <td>Controlled Substance?</td> <td><input type="checkbox"/> No</td> <td>Controlled Substance Code</td> <td><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"/></td> <td>Is it a scheduled listed chemical product?:</td> <td><input type="checkbox"/> No</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"/> | Is it a scheduled listed chemical product?: | <input type="checkbox"/> No |
| 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"/> | Is it a scheduled listed chemical product?: | <input type="checkbox"/> No | | | | | | | | | | | | | | |
| 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="text"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p> | | | | | | | | | | | | | | | | | |
| MISCELLANEOUS NOTES and/or Image of Product Barcode: | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; min-height: 30px;"></div> | | | | | | | | | | | | | | | | | |



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

Version 2024

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: <ul style="list-style-type: none"> 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"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>Direct customer solutions (R & S)</td> </tr> <tr> <td>Phone:</td> <td>1-800-655-7556</td> </tr> </table> | Name: | Direct customer solutions (R & S) | Phone: | 1-800-655-7556 | 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"/> | | | | | | | | | | | | | | | | | | |
| Name: | Direct customer solutions (R & S) | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | 1-800-655-7556 | | | | | | | | | | | | | | | | | | | | | | |
| 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 style="width: 100%; height: 50px;" type="text"/> | Overnight receipt available: <input type="checkbox"/> PO Receipt cut off time: <input type="text"/> Days of week overnight is available: <table border="1" style="width: 100%; border-collapse: collapse;"> <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> 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Phone:</td> <td><input type="text"/></td> <td>Phone #:</td> <td><input type="text"/></td> </tr> <tr> <td>Fax:</td> <td><input type="text"/></td> <td>Fax #:</td> <td><input type="text"/></td> </tr> <tr> <td>EDI:</td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table> Overnight Fees apply: <input type="checkbox"/> Other fees apply: <input type="checkbox"/> | <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"/> | | |
| <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"/> | | | | | | | | | | | | | | | | | | | | | | |
| 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 style="width: 100%; height: 50px;" 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 style="width: 100%; height: 50px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous Notes: | | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 100%; height: 100%;" type="text"/> | ADDITIONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| | Is product order for scheduled patient procedure? <input type="checkbox"/> Is product order for restocking purposes? <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |