

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

	Version 2024						Introduction T	Гуре:	New Item		Final Version			Date:	6/30/2	2025
Application lands of the ADAMAGE APPLICITY. Implicity Implic				PRODUCT INFORMA	TION						SPECIAL HAN	DLING AND STOP	RAGE REQUI	REMENTS*		
Application lands of the ADAMAGE APPLICITY. Implicity Implic	Company Name:	SOLA Pharmace	euticals				Applicat	tion:	ANDA	a. Temperature – Indic	ate the USP temp	perature range for	this product			
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HDA Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2024 For Desig	nated 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? No Does the product label bear a CA Prop 65 warning? C. Contact Hazard? No	x Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard						
d. Does this product require special clean-up instructions? No (If yes, attach SDS with special instructions.) . e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No (if yes, answer a-e below and provide SDS) a. UN/Identification Number b. Proper Shipping Name	identify NFPA Storage Level: NFPA Storage Level: Is the product a NIOSH hazardous drug? If yes, indicate which:						
c. DOT Hazard Class d. Packing Group	Hazardous Waste Identification						
e. Inhalation Hazard? No	EPA Hazardous Waste Code: Waste Characteristics						
Is this product regulated for shipment by 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 marine pollutant? No Is the product shipped utilizing an authorized DOT exception or Special Permit? No (if yes, identify method below) Limited Quantity, ORM-D	REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? No Website URL: No Med Guide Required No Limited Distribution Requirement No Comments / Details: (For example, iPledge program?) No REMS: No REMS Program Manager Name: No Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: DEA #: Provider Name: NCPDP#: Site Enrollment Number assigned NCPID#: by Supplier: NPI #:						
Small Quantity (49 CFR 173.4) Special Permit; DOT-SP Special Provision (listed in Column 7 of 49 CFR 172.101);	Comments						
SP#	Registry: No Registry Program Contact Name: Phone:						
ADD'L STORAGE INFORMATION	Comments						
Is the Product							
Controlled Substance? No Controlled Substance Code Controlled by State(s)? No Listed Chemical (List I or II) No ARCOS Reportable? No If yes, indicate which: Is it a scheduled listed chemical product?: Schedule No. If yes, indicate which: Is it a scheduled listed chemical product?:	RETURN INSTRUCTIONS Contact tel. # if product received damaged: 866-747-7365 Is product returnable for credit: Yes						
CLASS OF TRADE RESTRICTION:	URL/Link to returns policy:						
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:	Special regulations or returns requirements for this product in certain states? No If so, which states? Other requirements? Comments?						
MISCELLA	NEOUS NOTES and/or Image of Product Barcode:						



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: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #:	Fax Number: Fax Number: Fax Number: Phone No.: Site Address:	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Cha	rges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order Drop Ship service fee billed with each order Drop Ship miscellaneous fees billed: Comments:		Overnight receipt available: Monday PO Receipt cut off time: Monday Days of week overnight is available: Monday Use of week overnight is available: Monday Friday Friday Priority Overnight receipt available: Monday
		PO Receipt Cut off time: Saturday Overnight receipt available: PO Receipt Cut off time: PO Receipt Cut off time: Po Receipt Cut off time: Phone: Phone: Fax: EDI: Other fees apply:
Other Data Inf	ormation Required to Process PO:	Return Instructions
Patient Procedure Date: Physician Name: Physician/Clinic Phone # Physician State License # Physician/Clinic DEA #: Physician/Clinic Specialty:		Contact # if product is received damaged: 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?
	/iscellaneous Notes:	
		ADDITIONAL INFORMATION
		Is product order for scheduled patient procedure?