Pharmaceutical Products

☑ New Item ☐ Promotion/Deal ☐ Open Stock

HDMA Standard Product Information

Manufacturer/Broker #: _____
Manufacturer/Broker Name: _____
Address: _____
City, State, Zip: _____
Key Contact: _____ Fax: _____
Phone: _____ /Phone: _____
Send orders to: ☐ Ordernet ☐ CPU ☐ HEALTHCOM ☐ Other
Allowances Available Electronically: ☐ Yes ☐ No
Certificate of Product Liability Insurance Coverage
☐ Attached ☐ On File ☐ Available on Request
Is This Product a Controlled Drug? ☐ Yes ☐ No If yes, Schedule # _____

Hazardous Material Information

a. Department of Transportation (DOT) I.D.#

b. Hazard Class/ORM Code

c. Attach copy of Material Safety Data Sheet (MSDS)

Special Handling and Storage Requirements

a. Temperature - Indicate the normal temperature range for this product.
- I. Controlled room temperature (59-77° F) ☐
- II. Room Temperature (59-86° F) ☐
- III. Excessive heat (>104° F) ☐
- IV. Refrigerated (35-46° F) ☐
- V. Frozen (–4-14° F) ☐
- VI. No requirement ☐

b. If frozen or refrigerated, how long can it be kept out of listed temperature range? Hours _____

c. If controlled room temperature or room temperature, does humidity affect this product? ☐ Yes ☐ No

d. Are temperature indicators needed for this product? ☐ Yes ☐ No
If yes, are they supplied at no charge? ☐ Yes ☐ No

e. Are special shipping containers required? ☐ Yes ☐ No
If yes, are they supplied at no charge? ☐ Yes ☐ No

PLEASE ATTACH COPY OF STABILITY DATA

Date: _____
Minimum prepaid Shipment: _____
Terms: _____ Extra Dating: _____
Number of Orders: _____ Buy Period: _____
Shipping Period: _____
Type of Promotion: ☐ National ☐ Regional ☐ Testl
New Item: ☐ National ☐ Regional ☐ Testl
Regular Item: ☐ National ☐ Regional ☐ Testl
Price Protection Guaranteed on Any Price Decrease? ☐ Yes ☐ No
If Yes, Please Describe Terms:
Please see attached term sheet

OSHA/DOT Chemical Storage Class - Check appropriate Class(es) for this particular product.

- ☐ ORGANIC
- ☐ INORGANIC
- ☐ CORROSIVE/OXIDIZER
- ☐ AEROSOL
- ☐ AEROSOL CLASS
- ☐ ANTINEOPLASTIC
- ☐ STEROID/ANDROGEN
- ☐ ESSENTIAL CHEMICAL
- ☐ PRECURSOR CHEMICAL
- ☐ MAXIMUM QUANTITY LEVEL

ITEM AND PACKING INFORMATION

Product/Deal Name, Description, And Manufacturer Code #	Size/Strength	Unit of Sale	UPC Code	Mstr. Shpr.	Inner Case Pk.	Case Wt. Lbs.	Case Cube	Case Dimension	Item Demension	Pallet Dimension	# Cases Per Pallet
		Case	Case:					Depth:	Depth:	Depth:	
			Carton:					Height:	Height:	Height:	
			Item:					Width:	Width:	Width:	

For Generic Drug Products: I. FDA Orange Book Rating _____ II. Product Color _____
III. Brand Name Equivalent _____ IV. Generic Name For Brand _____

Cost Information

☐ NDC ☐ UPC#
Whsl. Code # _____
Fineline Code _____

	$ Regular Cost	Purchase ☐ OI	Allowance ☐ BB	$ Invoice Cost	$ Net Cost	MFRS. ' AWP	$ Average Retail Price	$SRP	$ Salespersons P.M. ☐ $ ☐ %	Medicaid Billing Code (entered by wholesaler)
DZ										
EA										
PPK										

This offer is made on a proportionally equal basis to all sellers' accounts competitive with customer.

Signature: _____

Revised 12/2003