

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

Version 2020					Introduction Type:	Post Launch Change]	x Final Version			Date:	7/13/	/2023
		PRODUC	T INFORMATION					SPECIAL HAN	DLING AND STOP	RAGE REQUIR	REMENTS*		
Company Name: Viona Pharmaceuticals Inc. Application: ANDA						a. Temperature – Indicate the USP temperature range for this product.							
Application Number for NDA/AN			20	6560	• •		11	Temperature Range	Controlled Room		and 25 C (68	° – 77° F)	
DUNS:	081468959							Other Temperature Range F	Requirement				
Proprietary Name (If Applicable)	and Established Name:	Metronidazole Tablets	s, USP 250 mg				1	(write in)					
Selling Unit NDC:	72578-007-05		of Use NDC:			8007058		Notes					
UDI	N/A	CV	Code:		MVX Code: N/A]]						
Description:	White to off-white, round	l, biconvex, film coated table	s debossed with '850' on one	e side and plain	on other side.			Is this product to be shipped Is this product to be shipped				No No	
Active Ingredient(s):	Metro	onidazole, USP					h Contact fo	r temperature excursion qu					
URL for Additional Product Inform	mation:	w.vionausa.com						Name:	stions.	Customer Se	rvice		
Address:	20 Commerce Drive				Address 2: Suite	340	11	Number:		888-304-502	2		
City:	Cranford			State:	NJ Zip:			Group E-mail:		customers	ervice@vic	nausa.com	
Key Contact:	Chris Urbanski			Email: Fax:	Curbanski@vionaus	a.com	1						
Phone Number: Product Therapeutic Classification	908-956-0600			Fax:	908-514-4005		c. Special reg	ulations for product in any				NO	
Product Therapeutic Classificatio	bn:							Special returns requirement	s for this product?				
	ADDITIONAL P	PRODUCT INFORMATION			PRODUCT DESC	RIPTION INFORMATION	d Store prod	luct (unit of sale) upright?				Yes	
The product is?	ADDITIONAL	Is the Prod	uct Direct-Ship	Only				Protect product (unit of sale)	la) from limber			Yes	•
a legend device?	No	is the Prod		Uniy			e. Shelf life:	Protect product (unit of sa	ie) from light?			res 36	Months
if yes, enter class #	INO	Orphan Dr			Size:	500 count	e. onen me:	Initial shelf life at launch (f different):			24	Months
a product kit?	No				Strength:	250 mg							
if yes, list NDCs of component parts		FDA Appro	oval Status		-	-			ORDER INFORM	MATION			
reverse numbered?	No				Dosage Form:	Tablets		Unit of Sale		What is the	NDC selling	unit?	
co-licensed?	No	Allergens	Present					1 Bottle		1 Bottle of 50			
latex-free?	Yes				Product Shape:	Round, Biconvex		Box/Carton		(Write-in, e.g	g. 1 Box of 10) Vials)	
preservative-free?	Yes						_	Ampule					
correctional institution block?	No				Product Color:	White to Off-White		Glass Tube		Minimum or	der quantity	?	Yes
opioid? Cannabinoid?	No	Country of	Drigin India				-	Vial Liquid Sgl					
If Unit Dose, is item bar coded to u			maia		Product Imprint:	"850"		Vial Liquid Ogl		If Yes, how I	many of whi	ch package	type?
scanning?		Is this prod	uct covered under the				П	Vial Powder Sql			Each		
If Unit Dose, indicate NDC here:		Trade Agre	ements Act (TAA)?	No				Vial Power Multi			Inner/Carton	/Pack	
								Other: Write In			Case		
							1	Other. White III		1	Case		
		FOR GENER	IC DRUG PRODUCTS				<u>-</u>]	Case		
		FOR GENER	C DRUG PRODUCTS	Author	erized Coperia the Aud	avized Capacia ather costion					Case		
	15	FOR GENER	C DRUG PRODUCTS	Autho		norized Generic, other section		PH	ARMACY ORDER	/ BILL UNIT			
I. Orange Book Rating:	AB		C DRUG PRODUCTS	Autho		orized Generic, other section re not applicable	Rec. sell unit	PH	ARMACY ORDER	/ BILL UNIT Rx billing ur	nit to pharm	асу:	
I. Orange Book Rating: II. Generic Equivalent to What Bra			C DRUG PRODUCTS	Autho				PH to customer? 1 Bottle	ARMACY ORDER	/ BILL UNIT Rx billing ur	hit to pharm Each	acy:	_
	and?: Flagy						Rec. sell unit	PH to customer? 1 Bottle	ARMACY ORDER	/ BILL UNIT Rx billing ur	nit to pharm	acy:	
II. Generic Equivalent to What Bra	and?: Flagy	И			fields a			PH to customer? 1 Bottle . 1 Vial)	I	BILL UNIT Rx billing ur x	hit to pharm Each Gram Milliliter	асу:	
II. Generic Equivalent to What Brand	and?: Flagy	/I DRUG SUPPLY CHAIN SEC Yes	URITY ACT (DSCSA) INFO					PH to customer? 1 Bottle . 1 Vial)	ARMACY ORDER	BILL UNIT Rx billing ur x	hit to pharm Each Gram Milliliter	acy:	
II. Generic Equivalent to What Brand Does supplier meet DSCSA defin Is product exempt from DSCSA?	and?: Flagy	yl Drug Supply Chain Sec	URITY ACT (DSCSA) INFO	RMATION	fields a			PH to customer? 1 Bottle . 1 Vial)	AND PACKING I	/ BILL UNIT Rx billing ur x	hit to pharm Each Gram Milliliter	-	
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption:	and?: Flagy	/I DRUG SUPPLY CHAIN SEC Yes	URITY ACT (DSCSA) INFO	RMATION	fields a			PH to customer? 1 Bottle . 1 Vial)	AND PACKING I	A BILL UNIT Rx billing ur X NFORMATION NFORMATION	hit to pharm Each Gram Milliliter	Volume	#Pieces:
II. Generic Equivalent to What Brain Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in:	and?: Flagy	yl DRUG SUPPLY CHAIN SEC Yes No	URITY ACT (DSCSA) INFO	RMATION	fields a		(Write-in, e.g.	PH to customer? 1 Bottle 1 Vial) ITEM Weight Lbs.	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing ur X NFORMATION ions (US msm Width	hit to pharm Each Gram Milliliter I I ts.) Height	-	
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged?	and?: Flagy ition of manufacturer?	/I DRUG SUPPLY CHAIN SEC Yes	URITY ACT (DSCSA) INFO	RMATION LN: Yes, was origin	fields a			PH to customer? 1 Bottle . 1 Vial)	AND PACKING I	A BILL UNIT Rx billing ur X NFORMATION NFORMATION	hit to pharm Each Gram Milliliter	Volume	# Pieces:
II. Generic Equivalent to What Brain Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in:	and?: Flagy ition of manufacturer? s exclusive distributor?	/ DRUG SUPPLY CHAIN SEC Yes No No No	URITY ACT (DSCSA) INFO	RMATION LN: Yes, was origin rect from mfr?	fields a		(Write-in, e.g.	PH to customer? 1 Bottle . 1 Vial) ITEM Weight Lbs. 0.55	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing ur X NFORMATION ions (US msm Width	hit to pharm Each Gram Milliliter I I ts.) Height	Volume	
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: Flagy ition of manufacturer? s exclusive distributor?	/ DRUG SUPPLY CHAIN SEC Yes No No No No No	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach doo	fields a		(Write-in, e.g.	PH to customer? 1 Bottle . 1 Vial) ITEM Weight Lbs. 0.55	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing ur X NFORMATION ions (US msm Width	hit to pharm Each Gram Milliliter I I ts.) Height	Volume	
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's	and?: Flagy ition of manufacturer? s exclusive distributor?	/ DRUG SUPPLY CHAIN SEC Yes No No No No No	URITY ACT (DSCSA) INFO	RMATION LN: Yes, was origin rect from mfr? yes, attach doo	fields a		(Write-in, e.g.	PH to customer? 1 Bottle .1 Vial) ITEM Weight Lbs. 0.55 3undle/	AND PACKING I Dimensi Depth 2.64	A bill UNIT Rx billing ur x NFORMATION NFORMATION Width 2.64	hit to pharm. Each Gram Milliliter Is.) Height 4.97	Volume	1
II. Generic Equivalent to What Brain Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer' Has FDA granted waiver/exception	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No ? No GTIN AND HIBCC	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach doo	fields a	re not applicable	(Write-in, e.g. Item/Each: Box/Carton/B Inner Pack: Case:	PH to customer? 1 Bottle . 1 Vial) ITEM Weight Lbs. 0.55	AND PACKING I Dimensi Depth	/ BILL UNIT Rx billing ur X NFORMATION ions (US msm Width	hit to pharm Each Gram Milliliter I I ts.) Height	Volume	
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/I DRUG SUPPLY CHAIN SEC Yes No No Control No Control No Control No Control No No No Control No N	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door	fields a		(Write-in, e.g. Item/Each: Box/Carton/B Inner Pack:	PH to customer? 1 Bottle .1 Vial) ITEM Weight Lbs. 0.55 3undle/	AND PACKING I Dimensi Depth 2.64	A bill UNIT Rx billing ur x NFORMATION NFORMATION Width 2.64	h <mark>it to pharm.</mark> Each Gram Milliliter I ts.) <u>Height</u> 4.97	Volume	1
II. Generic Equivalent to What Brain Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer' Has FDA granted waiver/exception	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No ? No GTIN AND HIBCC	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door	fields a	re not applicable	(Write-in, e.g. Item/Each: Box/Carton/B Inner Pack: Case:	PH to customer? 1 Bottle . 1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09	AND PACKING I Dimensi Depth 2.64 10.75	A bill UNIT Rx billing ur x NFORMATION NFORMATION Ons (US msm Width 2.64 8.11	hit to pharm Each Gram Milliliter I ts.) Height 4.97	Volume	1
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer' Has FDA granted waiver/exception Saleable Unit of Measure	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/I DRUG SUPPLY CHAIN SEC Yes No No Control No Control No Control No Control No No No Control No N	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach doo GTIN- 00372	fields a	re not applicable	(Write-in, e.g. Item/Each: Box/Carton/B Inner Pack: Case:	PH to customer? 1 Bottle . 1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09	AND PACKING I Dimensi Depth 2.64 10.75	A billing ur Rx billing ur X NFORMATION NFORMATION NONS (US msm Width 2.64 8.11 47.24	hit to pharm Each Gram Milliliter ts.) Height 4.97 5.98 49.21	Volume	1 12 1,080
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer' Has FDA granted waiver/exceptio Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Common No Common No Common No Common HIBCC No Common HIBCC	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door GTIN- 00372 40372	fields a 0372578000004 nal product purchased cumentation from FDA.	re not applicable	(Write-in, e.g. Item/Each: Box/Carton/B Inner Pack: Case:	PH to customer? 1 Bottle .1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09 728.79	AND PACKING I Dimensi Depth 2.64 10.75	A billing ur Rx billing ur X NFORMATION NFORMATION NONS (US msm Width 2.64 8.11 47.24	hit to pharm Each Gram Milliliter ts.) Height 4.97 5.98 49.21	Volume (Cube)	1 12 1,080
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack Case	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Common No C	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door GTIN- 00372 40372	fields a 0372578000004 nal product purchased cumentation from FDA.	re not applicable	Write-in, e.g. Item/Each: Box/Carton/E Inner Pack: Case: Pallet: Regular Cost	PH to customer? 1 Bottle .1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09 728.79 COST INFORMATION	AND PACKING I Dimensi Depth 2.64 10.75	A billing ur Rx billing ur X NFORMATION NFORMATION NFORMATION 0005 (US msm Width 2.64 8.11 47.24 Vendor #:	hit to pharm Each Gram Millilliter I ts.) Height 4.97 5.98 49.21 VHOLESAL	Volume (Cube)	1 12 1,080
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack Case	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Common No C	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door GTIN- 00372 40372	fields a 0372578000004 nal product purchased cumentation from FDA.	re not applicable	(Write-in, e.g. Item/Each: Box/Carton/E Inner Pack: Case: Pallet:	PH to customer? 1 Bottle .1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09 728.79 COST INFORMATION	AND PACKING I Dimensi Depth 2.64 10.75	A BILL UNIT Rx billing ur x NFORMATION NFORMATION NONS (US msm Width 2.64 8.11 47.24 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter Its.) Height 4.97 5.98 49.21 VHOLESAL	Volume (Cube)	1 12 1,080
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack Case	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Common No C	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door GTIN- 00372 40372	fields a 0372578000004 nal product purchased cumentation from FDA.	re not applicable	(Write-in, e.g. Item/Each: Box/Carton/B Inner Pack: Case: Pallet: Regular Cost Invoice Cost	PH to customer? 1 Bottle .1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09 728.79 COST INFORMATION	AND PACKING I Dimensi Depth 2.64 10.75	A billing ur Rx billing ur X NFORMATION NFORMATION NFORMATION 0005 (US msm Width 2.64 8.11 47.24 Vendor #:	hit to pharm Each Gram Milliliter Its.) Height 4.97 5.98 49.21 VHOLESAL	Volume (Cube)	1 12 1,080
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack Case	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Common No C	URITY ACT (DSCSA) INFO GI	RMATION LN: Yes, was origin rect from mfr? yes, attach door GTIN- 00372 40372	fields a 0372578000004 nal product purchased cumentation from FDA.	re not applicable	Write-in, e.g. Item/Each: Box/Carton/E Inner Pack: Case: Pallet: Regular Cost	PH to customer? 1 Bottle .1 Vial) ITEN Weight Lbs. 0.55 Bundle/ 7.09 728.79 COST INFORMATION	AND PACKING I Dimensi Depth 2.64 10.75	A BILL UNIT Rx billing ur x NFORMATION NFORMATION NONS (US msm Width 2.64 8.11 47.24 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter Its.) Height 4.97 5.98 49.21 VHOLESAL	Volume (Cube)	1 12 1,080
II. Generic Equivalent to What Bri Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack Case	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Commentation No Commentatio	URITY ACT (DSCSA) INFO	RMATION IN: Yes, was origin rect from mfr? yes, attach doo GTIN- 00372 40372 50372	fields a	Unit of Use GTIN-14	(Write-in, e.g. (Write-in, e.g. Item/Each: Box/Carton/E Inner Pack: Case: Pallet: Regular Cost Invoice Cost As of date:	PH to customer? 1 Bottle .1 Vial) ITEM Weight Lbs. 0.55 Bundle/ 7.09 728.79 COST INFORMATION (WAC) (\$)	AND PACKING I Dimensi Depth 2.64 10.75	A BILL UNIT Rx billing ur x NFORMATION NFORMATION NONS (US msm Width 2.64 8.11 47.24 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter Its.) Height 4.97 5.98 49.21 VHOLESAL	Volume (Cube)	1 12 1,080
II. Generic Equivalent to What Brite Does supplier meet DSCSA defin Is product exempt from DSCSA? If yes, select exemption: Other exemption - Write in: Is product repackaged? Is product repackaged? Is product sold by manufacturer's Has FDA granted waiver/exception Saleable Unit of Measure Item/Each Box/Carton/Bundle/Inner Pack Case	and?: Flagy ition of manufacturer? s exclusive distributor? n/exemption for product	/ DRUG SUPPLY CHAIN SEC Yes No No Commentation No Commentatio	URITY ACT (DSCSA) INFO	RMATION IN: Yes, was origin rect from mfr? yes, attach doo GTIN- 00372 40372 50372	fields a	Unit of Use GTIN-14	(Write-in, e.g. (Write-in, e.g. Item/Each: Box/Carton/E Inner Pack: Case: Pallet: Regular Cost Invoice Cost As of date:	PH to customer? 1 Bottle .1 Vial) ITEM Weight Lbs. 0.55 Bundle/ 7.09 728.79 COST INFORMATION (WAC) (\$)	AND PACKING I Dimensi Depth 2.64 10.75	A BILL UNIT Rx billing ur x NFORMATION NFORMATION NONS (US msm Width 2.64 8.11 47.24 Vendor #: Whsl. Code	hit to pharm Each Gram Milliliter Its.) Height 4.97 5.98 49.21 VHOLESAL	Volume (Cube)	1 12 1,080

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

Version 2020 For Designat	ed Drop Ship Only Products, Please Use Page 3					
MATERIAL HAZ	ZARD 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? Is the product a CA Prop 65 reproductive toxicant? Does the product label bear a CA Prop 65 warning? C. Contact Hazard? No	SDS Hazard Classification Organic Corrosive Inorganic Oxidizer Steroid/Androgen Contact Hazard Aerosol Class; Identify NFPA Storage Level:					
d. Does this product require special clean-up instructions? No (If yes, attach SDS with special instructions.) No 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) No	Is the product a NIOSH hazardous drug? If yes, indicate which:					
a. UN/Identification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group e. Inhalation Hazard? No	Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics					
Is this product regulated for shipment by IATA? No	REMS or REGISTRY RESTRICTIONS					
(if yes, answer a-e below and provide SDS) a. UN/dentification Number b. Proper Shipping Name c. DOT Hazard Class d. Packing Group	Is there a REMS on this product? No If Yes, is it managed with a pharmacy registry? Website URL:					
e. Inhalation Hazard?	Med Guide Required No					
Is the product restricted for air shipment? If so, indicate restriction:	Limited Distribution Requirement No					
Passenger Cargo Passenger & Cargo	Comments / Details: (For example, iPledge program?)					
Is this a reportable quantity? No RQ Threshold:	REMS: Phone: REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: Phone: Wholesale distributor support: Provider Name: Provider Name: DEA #: Site Enrollment Number assigned PCPDP#: by Supplier: NPI #:					
SP#	Registry:					
	Registry Program Contact Name: Phone:					
ADD'L STORAGE INFORMATION	Comments					
Is the Product						
Controlled Substance? No Controlled Substance Code	RETURN INSTRUCTIONS					
Controlled by State(s)? No Listed Chemical (List I or II) ARCOS Reportable? No If yes, indicate which:	Contact tel. # if product received damaged: 888-304-5022					
Schedule No. Is it a scheduled listed chemical product?:						
CLASS OF TRADE RESTRICTION:	Is product returnable for credit: Yes URL/Link to returns policy:					
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices	www.vionausa.com					
Restricted to retail pharmacy only:	Special regulations or returns requirements for this product in certain states?					
Restricted to hospital, clinics, and physician offices only:						
Restricted from US territories? (explain in comments)	If so, which states? Other requirements? Comments?					
Comments:						
MISCELLANE	DUS NOTES and/or Image of Product Barcode:					



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

Version 2020 FOR DESIGNATED DROP SHIP PRODUCT ONLY	Y - 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 Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Phone:	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 Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing
Expedited freight fees billed with each order:	Overnight receipt available:
Class of Trade Restriction:	Priority Overnight receipt available: PO Receipt Cut off time:
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Restricted to retail pharmacy only: Restricted to hospital, clinics, and physician offices only: Restricted from US territories? (explain in comments) Comments:	Saturday Overnight receipt available: PO Receipt Cut off time: Order receipt method: Phone: Fax: EDI: Overnight Fees apply: Other fees apply:
Other Data Information 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?
Miscellaneous Notes:	
	ADDITIONAL INFORMATION Is product order for scheduled patient procedure? Is product order for restocking purposes?