

**National Pharmaceutical
Returns, Inc.**

4164 NW Urbandale Drive
Urbandale, IA 50322

FAX/EMAIL

Date: March 19, 2012

Number of pages including cover sheet: 6

To:

ATTN:

RE: Product Destruction

Phone:

Fax:

Email:

From: Kim Shutt

Email: kshutt@npreturns.com

Phone: 800-470-7725

Fax: 515-252-7727

REMARKS: Urgent For your review Reply ASAP Please comment

RETURN INSTRUCTIONS BEFORE SENDING PRODUCTS TO NPR

1. Fax the following to NPR (515-252-7727)
 - a. Completed "Return Request for Schedule 2-5" form (DEA controlled substances only).
 - b. **Signed service agreement.**
 - c. **DEA and State License certificates.**
 - d. **Completed "Client Verification Form".**
2. You will receive a fax/email confirmation when all the above documents are received.
3. DO NOT ship products until you receive this confirmation.
4. Shipping:
 - a. Ship to: **NPR, 4164 NW Urbandale Dr., Urbandale, IA 50322**
 - b. If you have CII's you must wait for the DEA 222 Form before shipping.
 - c. Use a carrier that offers tracking (UPS/FedEx).

NPR Destruction Service Agreement

Service: National Pharmaceutical Returns (NPR)
4164 NW Urbandale Drive
Urbandale, IA 50322

Starting date: Contract signed date
Ending date: 1 year from contract signed date

Servicee:

Servicee shall pay Service for the destruction of products based on the below pricing schedule:

Description	Disposal Cost
Non-Controlled/Non-Hazardous	(\$0.50 per piece) \$1.00 per container or \$5.00 per pound, whichever is greater
Controlled	(\$1.00 per piece) \$2.00 per container or \$10.00 per pound, whichever is greater
Hazardous	(\$2.00 per piece) \$4.00 per container or \$15.00 per pound, whichever is greater

- ❖ Piece price is defined as any individual unit dose, pills, or samples not in their original packaging. Per container is defined as any individual product in its original packaging.
- ❖ NPR does not accept the following wastes: Infectious, RCRA Hazardous, Compounding Chemicals. Servicee agrees NOT to ship NPR any of the fore mentioned wastes.
- ❖ A non-inclusive list of RCRA waste include: Warfarin, Phentermine, Arsenic Trioxide, Chloral Hydrate, Paregoric, Nicotine, Physostigmine, Reserpine, Resorcinol, Selenium Sulfide, Amyl Nitrite, Silver Nitrate, Chlorambucil, Cyclophosphide, Daunomycin, Diethylstilbestrol, Melphalan, Mitomycin-C, Streptozotocin, Uracil Mustard, products containing: Chromium, Selenium, Barium, Silver, Lindane, any ignitable solutions (flash point <140F or >24% alcohol), any corrosive solutions, flammable aerosols. Refer to 40 CFR 261 for RCRA waste rules for more information.
- ❖ Servicee agrees that all merchandise will be destroyed in the guidelines set forth by DEA, EPA, OSHA and DNR. Written documentation will be provided to the Servicee for their records.
- ❖ A \$12.00 per pound additional charge will be assessed for any bulk items. Bulk is defined as any one container weighing more than 5 gallons (liquid or solid).
- ❖ If additional services are required; such as, clean up, supplies, or freight adjustments, these will be added to servicee's invoice. These services could also include inventory sheets, DEA forms, or a charge per hour for any processing outside of this agreement.
- ❖ All returns are subject to a \$125 minimum fee.
- ❖ Late payments are assessed at a rate of one and one half percent plus \$5.00 interest per month beginning thirty days after date of invoice. Servicee will be notified of any changes in pricing.
- ❖ Forwarding products to NPR signifies acceptance of this agreement.

Servicee Representative

Date

*National Pharmaceutical Returns, 4164 NW Urbandale Dr., Urbandale, IA 50322-
Phone 800-470-7725, Fax 515-252-7727, Website: www.npreturns.com*



Client Verification Form

Please verify the accuracy of the information listed below. Make any corrections in the space provided.

Your inventory reports will be emailed or faxed upon completion.
Circle preferred method of correspondence of reports and invoices.

Mailing is an option for an additional fee.

By e-mail

By Fax

Customer Information:		Corrections:
Name		
Address		
City		
State		
Zip		

Contact		
Phone #		
Fax #		
DEA #		
DEA Expires		
State License#		
State Expires		
E-mail		

Credit Card Information



National Pharmaceutical Returns, Inc.

4164 NW Urbandale Drive

Urbandale, IA 50322-7929

Phone: 800-470-7725 Fax: 515-252-7727

Circle one: MasterCard Visa Discover Exp Date: _____

Card Number: _____

Last three digits from signature line on reverse side of card _____

Card Holder Name: _____

Address: _____

City: _____

State, Zip: _____

Signature: _____

Invoice Number: _____ Or use for all future invoices

Pharmacy Name: _____

Address: _____

City: _____ State, Zip: _____

Phone Number: _____ Client ID: _____

If you would like to keep this on file and process all your invoices with your credit card, please let us know. If you have any questions please feel free to call 800-470-7725

NPR, INC. RETURN REQUEST FOR SCHEDULE 2-5

FILL OUT EXACTLY AS IT APPEARS ON YOUR DEA LICENSE

DEA #: _____ Exp. Date: _____
 Name: _____
 d.b.a.(?): _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Contact: _____
 Phone: _____
 Fax: _____
 CLIENT ID: _____

NPR, Inc.
4164 NW Urbandale Dr
Urbandale, IA 50322
Phone: 515-252-7722
Fax: 515-252-7727
DEA#: RN0205408

[**WWW.NPRETURNS.COM**](http://www.npreturns.com)

FOR AN ALTERNATIVE WAY TO INVENTORY YOUR CONTROLS: LOG ONTO NPRETURNS.COM

PLEASE READ: All Scheduled 2-5 controls must be inventoried. Please list all CII's separately from CIII-V's. Tablets and capsules must be counted exactly. Partial liquids may be estimated to the nearest ounce or milliliter. The first 2 columns are to be used for full containers. Column 1: for quantity and Column 2: for original package size (i.e. 1 full bottle). The 3rd and 4th columns are for partial containers. Column 3: for quantity, Column 4: for partial count and Column 5: for package size (i.e. 1 partial bottle, 33 tablets). Column 6, C# = Control number.

List only one partial package per line (i.e., one bottle, one box)

Full Package		Partial Package				Product Information		
Qty	Package Size	Qty	Partial Count	Package Size	C#	Drug Name and Manufacturer	STRENGTH	NDC Number
1	100				2	KADIAN - ALPHARMA <u>EXAMPLE</u>	20 MG	63857-0322-11
		1	33	100	4	FLURAZEPAM – MYLAN <u>EXAMPLE</u>	30 MG	00378-4430-01

Signature of Preparer

Date

NPR Auditor

Date

