

# [Name of Manufacturer]

## {Product Name and Generic Designation} Wholesaler to Wholesaler Shipment Request Form

### REQUESTING PARTY INFORMATION: (Please print or type)

Requester Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Wholesaler Name: \_\_\_\_\_ DEA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Requesting Party represents and warrants that the Receiving Party listed below is registered with the iPLEDGE Program.*

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RECEIVING PARTY INFORMATION

Wholesaler Name: \_\_\_\_\_ DEA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MANUFACTURER'S CONSENT

Shipments of [Product Name and Generic Designation] between wholesalers\* must be in compliance with the iPLEDGE Program. Labeling for [Product Name] states that wholesalers registered in the iPLEDGE Program may only ship to other registered wholesalers with prior written consent from the manufacturer. Pursuant to the labeling for [Product Name], the authorized signature below shall serve as written consent from the manufacturer provided that the requesting and receiving party's registration is verified prior to each shipment. Registration will be verified by [Manufacturer Name] upon receipt of shipment request.

*\*The term wholesaler refers to a wholesaler and each of its individual distribution centers, a distributor and each of its individual distribution centers, and/or each warehousing chain pharmacy distribution center.*

[Name of Manufacturer]

By: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed forms to [Insert Appropriate Information Including Fax Number, Email URL, Telephone Number, etc.]**

**Please note that this approval is for a one time shipment. Further shipments require consent from [Manufacturer].**