



# ORDER FORM

Order CUTOFF is 5:00 pm EST  
Fax Order Form to: (866) 489-1898 (US)  
Customer Service: (888) 276-2217

Requested Delivery Date: \_\_\_\_\_

Emergency same-day shipping required? Yes  No   
(U.S. orders shipped for delivery Tuesday through Friday)  
(Canadian orders are shipped Monday-Wednesday only via FedEx)

**PURCHASE ORDER #:** \_\_\_\_\_ **ORDER DATE:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
(Provide wholesaler PO# unless a direct customer order)

## SHIP TO INFORMATION

Hospital/Clinic Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
(Full Name Required)  
Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## BILL TO INFORMATION

Wholesaler/Hospital/Clinic: \_\_\_\_\_  
Attention: \_\_\_\_\_  
(Full Name Required)  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
(Needed to send order & shipping confirmation)

**State License No. of Facility** (must match Ship To address) \_\_\_\_\_ **DEA No. of Facility** \_\_\_\_\_

## ORDER INSTRUCTIONS:

**If your order is not eligible to purchase under a 340B/PHS or VA contract, skip to section 3 to complete order at WAC**

### SECTION 1: 340B/PHS ORDERS

**Is your facility eligible for 340B/PHS pricing?** YES \_\_\_\_\_ NO \_\_\_\_\_  
**Administration of drug ordered?** INPATIENT \_\_\_\_\_ OUTPATIENT \_\_\_\_\_

**If outpatient administration, provide facility 340B ID**

**340B ID**

340B ID & administration of drug ordered are required to verify eligibility and process order. Oncaspar® is considered an "orphan drug" as designated under Section 526 of the Federal Food, Drug and Cosmetic Act. Eligibility for 340B pricing discounts on the outpatient use of Oncaspar® depends upon the 340B entity type. Inpatient use of Oncaspar® is never eligible for 340B pricing, regardless of entity type. 340B ID can be found on the HRSA website - <http://opanel.hrsa.gov/opa/ce/ceextract.aspx>.

#### NON-ELIGIBLE 340B ENTITY TYPES

Program Code	Entity Type/Grantee	Program Code	Entity Type/Grantee
CAH	Critical Access Hospital	RRC	Rural Referral Center
CAN	Free Standing Cancer Hospital	SCH	Sole Community Hospital

#### ELIGIBLE 340B ENTITY TYPES

Program Code	Entity Type/Grantee	Program Code	Entity Type/Grantee
PED	Children's Hospital	RWI	Ryan White Part A (formerly Title I)
BL	Black Lung Clinics Program	RWII	Ryan White Part B (formerly Title II)
CH, MH, NH, HO	Consolidated Health Center Program (now combines Community Health Centers, School Based Programs, Health Care for the Homeless Programs, Migrant Health Programs, and Public Housing Primary Care Programs entities)	RWIIR	Ryan White Part B (formerly Title II) ADAP Rebate Option
DSH	Disproportionate Share Hospital	RWIID	Ryan White Part B (formerly Title II) ADAP Direct Purchase
FP	Family Planning (includes only Title X funded)	RW4	Ryan White Part D (formerly Title IV)
FGHCLA	Federally Qualified Health Center Look-Alikes	SPNS	Ryan White Part F (formerly Special Projects of National Significance)
FGHC638	Tribal Contract/Compact with IHS (P.L. 93-638)	STD	Sexually Transmitted Diseases
HM	Comprehensive Hemophilia Treatment Center	TB	Tuberculosis
HV	Ryan White Part C (formerly Title III)	UI	Urban Indian
NH	Native Hawaiian Health Care Program		

### SECTION 2: VA/FSS ORDERS

**Is your facility VA, DoD, Indian Health Services or Coast Guard and eligible to purchase under VA/FSS?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, provide VA contract number**

**CONTRACT NO.**

### SECTION 3: ORDER INFORMATION

**Oncaspar is a biologic drug with shelf life ranging from 1-6 months. Please contact customer service at (888) 276-2217 to obtain current expiration date and confirm quantity of drug order**

WAC Use	340B INPATIENT Use	340B OUTPATIENT Use	VA/FSS Use
Quantity _____ Vial(s)	Quantity _____ Vial(s)	Quantity _____ Vial(s)	Quantity _____ Vial(s)

**Note: There is a no-return policy on Oncaspar® orders. Any errors, damages and/or discrepancies in orders must be reported by the customer to Sigma-Tau within two (2) business days of receipt of product. Failure to report within two (2) business days releases Sigma-Tau from all liability for the same.**

**By signing below you are certifying that any product purchased at 340B discounted prices are for 340B eligible OUTPATIENT use and will not be diverted for inpatient utilization.**

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
(Required) (Date) (Required) (Date)