



RITUXAN® (rituximab) RITUXAN 500MG VL 50ML (NDC 50242-0053-06)
 RITUXAN® (rituximab) RITUXAN 100MG VL 10ML (NDC 50242-0051-21)
 HERCEPTIN® (trastuzumab) HERCEPTIN 440MG MDV 20ML (NDC 50242-0134-68)
 AVASTIN® (bevacizumab) AVASTIN VL 100MG (NDC 50242-0060-01)
 AVASTIN® (bevacizumab) AVASTIN VL 400MG (NDC 50242-0061-01)

ADD NEW SHIP TO REQUEST

1. PLEASE COMPLETE THE INFORMATION BELOW ABOUT THE BILL TO ACCOUNT:

Account Name	BiosolutionsDirect Acct No.

Contact Name	Title	Telephone	Fax

2. COMPLETE THE INFORMATION BELOW ABOUT THE NEW SHIP TO ACCOUNT YOU WISH TO ADD:

Site Name	Internal Acct # (Your acct # with ship-to)	DEA #	License/Permit Info
			Number: Type: <input type="checkbox"/> MD <input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy

Ship To Address 1	Ship To Address 2

Ship To City	State	ZIP	Preferred Order Method
			<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> EDI <input type="checkbox"/> Web

For Alaska and Hawaii accounts, indicate preferred carrier: UPS U30 FedEx F10

Contact Name	Telephone	Fax

Line of Business	<input type="checkbox"/> Specialty Pharmacy <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Government <input type="checkbox"/> Hospital Owned/Operated Pharmacy <input type="checkbox"/> Clinic	<input type="checkbox"/> Oncology Center <input type="checkbox"/> Physician Office <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Infusion Site <input type="checkbox"/> HMO-Staff Model Mail Order Pharmacy <input type="checkbox"/> HMO-Staff Model Pharmacy	<input type="checkbox"/> Compounding Pharmacy (AVASTIN only) <input type="checkbox"/> Compounding Pharmacy (All products) <input type="checkbox"/> Other: Specify: _____
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3. PLEASE SIGN BELOW AND FAX TO (888) 899-0063 TOGETHER WITH A CURRENT PHYSICIAN, CLINIC, OR PHARMACY LICENSE FOR THE NEW SHIP-TO SITE. (FOR FEDERAL GOVERNMENT ACCOUNTS, YOU MAY SUBSTITUTE A CURRENT DEA LICENSE). IF THE LICENSE ADDRESS OF THE SHIP-TO DOES NOT APPEAR ON THE LICENSE, PLEASE HAVE THE SHIP-TO CUSTOMER COMPLETE THE ATTACHED LETTER OF AFFILIATION.

All orders are shipped UPS Next Day Air for delivery by 10:30 AM local time. Please contact your Customer Service Representative for other delivery options. Please allow 48 hours from the time we receive all required information for this site to be set up.

Signature of Authorized Purchasing Agent

Date

Print Name: _____

Title: _____

Ph: 866-860-3565 Fax: 888-899-0063
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