



RETURN LOGISTICS

International Corporation

Return Order Advance Ship Notice

SHIPPING AND LABELING INSTRUCTIONS

RLI's Secure Service processing is available only to those licensed by the Drug Enforcement Administration (DEA). A current copy of your individual or institution's Federal Registration DEA Form 223 must be included. All DEA Form 222's will be sent to this location only.
 RLI's DEA #RE0215675.

1. Complete the following Return Order Advance Ship Notice and applicable inventory lists and fax to (912) 748-5630, email to secure@returnlogistics.com or mail to Return Logistics International Corp. 22 Artley Road, Savannah, GA 31408.
2. RLI will issue you a Return Order Number (RON).
3. Do not ship any products to RLI until you have been given an RON. make sure you write it on the shipping label.
4. To assist you in DOT compliant shipping of pharmaceuticals, cut along the dotted line and tape labels to your packages. **SHIP BY GROUND WITH A TRACKING NUMBER ONLY AND FEWER THAN 70 lbs.**
5. Read and follow the instructions on each type of inventory sheet attached for DEA compliant transfer of products for disposition.
6. Photocopy this document as many times as needed for labels and for your records.

TELL US ABOUT YOUR SHIPMENT

No. of Containers: _____ Container Type (circle): Box Pallet Drum Other _____
 Type of Drugs (check): I & II III, IV & V Rx/OTC Shipment Wt. (lbs.): _____
 Carrier Name: _____ BOL/Tracking #: _____
 Carrier City: _____ Carrier State: _____ Carrier Zip: _____

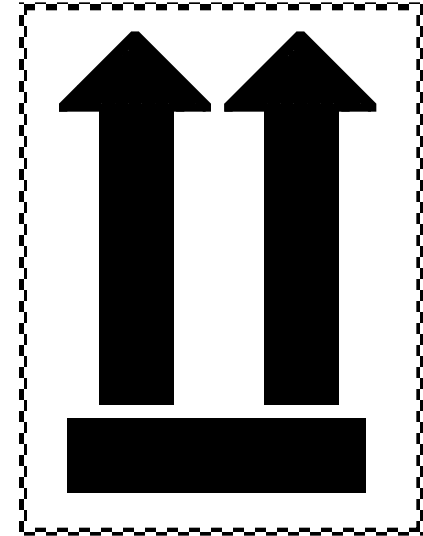
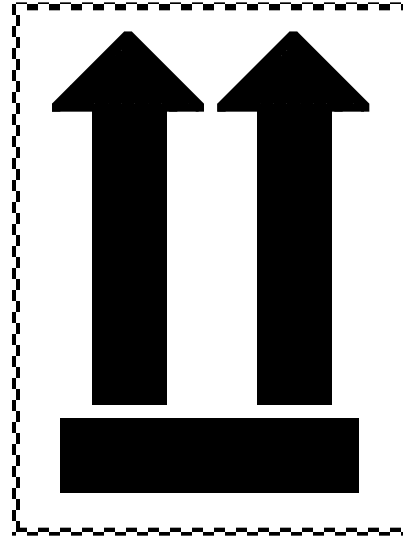
WHERE WILL THE SHIPMENT ORIGINATE FROM


Company Name: _____
 Contact Name: _____
 Contact Title: _____
 Contact Phone: _____ Fax: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DEA Reg #: _____ Expiration Date: _____
 Registered Class: I II III IV V
 State Reg #: _____ State: _____ Exp Date: _____

BILLING INFORMATION (if different from above)

Company Name: _____
 Contact Name: _____
 Contact Title: _____
 Contact Phone: _____ Fax: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Cut along dotted line. Make a copy of the Form and send along with Inventories to RLI. Cut out the labels and tape to container. Make sure you write the Order Number on the label.



Consumer Commodity		
ORM-D		
Return Order Number	Weight (lbs.)	Container No.
_____	_____	_____ of _____
To  RETURN LOGISTICS International Corporation 22 Artley Road Savannah, GA 31408	FROM	



RETURN LOGISTICS
International Corporation
22 Artley Road
Savannah, GA 31408
(912) 748-5100

Schedule I & II Inventory

DEA# RE0215675
GA# PHWH001025

PLEASE TELL US ABOUT THE SCHEDULE I & II PRODUCTS YOU ARE SENDING TO US

1. Complete the following Schedule I & II Drug inventory, and fax to (912) 748-5102, email to secure@returnlogistics.com or mail to Return Logistics International Corp. 22 Artley Road, Savannah, GA 31408 along with the Return Order Advance Ship Notice. (Maintain photocopy for your records)
2. Upon receipt of completed shipping documents, RLI will mail you a completed "DEA FORM 222" along with further instructions. **WARNING:** It is against DEA regulations to send any Scheduled I & II products to RLI without first receiving a completed DEA Form 222 from RLI.
3. List the physical quantity of the product that you are transferring on this form. Carefully package and label the Scheduled I & II products for shipment to RLI's Service Center. Only package those products listed on the DEA Form 222 and make sure each product's name and NDC number is legible on the product's label.
4. A "Return Order Report" confirming the receipt of products delivered to RLI's Service Center will be mailed to you once your shipment has been processed. Retain this report for your records.

NOTE: If vials, syringes, etc. are packaged as multipacks, please count each vial, syringe, etc. as one package.

Form 222 # : _____

Line No.	National Drug Code (NDC)	Full Product Name	Strength	No. of Package	Package Size	Sealed? Y/N	If No. No. of Units	Dose Form	Lot/Batch	Expiration Date	Reason for Return
Example	00074-4057-12	Morphine Sulfate	0.5 mg / ml	5	10 ml	Y		ml	02 AB	6/97	Expired
Example	00074-4057-12	Morphine Sulfate	0.5 mg / ml	1	10 ml	N	2 ml	ml	02 AB	6/97	Expired
Example	00074-3114-01	Nembutal Sodium	100 mg	4	100	Y		Caps	56J12	12/98	Short Dated
Example	00074-3114-01	Nembutal Sodium	100 mg	1	100	N	28	Caps	56J12	12/98	Short Dated
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2.											
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8.											
9.											
10.											

Thank you for the opportunity to earn your confidence.

Prepared By: _____ Signature: _____ Date: _____

Received By: _____ Signature: _____ Date: _____



RETURN LOGISTICS

International Corporation
22 Artley Road
Savannah, GA 31408
(912) 748-5100

Schedule III, IV & V Inventory

DEA# RE0215675
GA# PHWH001025

PLEASE TELL US ABOUT THE SCHEDULE III, IV & V PRODUCTS YOU ARE SENDING TO US

- List all Schedule III, IV & V Drugs. See Schedule I & II inventory. Please be sure to number and sign each additional page that is attached.
- A "Return Order Report" confirming the receipt of products delivered to RLI's Service Center will be mailed to you once your shipment has been processed. Retain this report for your records.

NOTE: If vials, syringes, etc. are packaged as multipacks, please count each vial, syringe, etc. as one package.

Line No.	National Drug Code (NDC)	Full Product Name	Strength	No. of Package	Package Size	Sealed? Y/N	If No. No. of Units	Dose Form	Lot/Batch	Expiration Date	Reason for Return
Example	54868-2320-01	Diazepam	5 mg / ml	7	2 ml	Y		ml	3429A	6/97	Expired
Example	54868-2320-01	Diazepam	5 mg / ml	1	2 ml	N	0.5 ml	ml	3429A	6/97	Expired
Example	00024-2253-04	Winstrol	2 mg	1	100	N	51	Tabs	TR1537	12/98	Short Dated
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14.											
15.											

Thank you for the opportunity to earn your confidence.

Prepared By: _____ Signature: _____ Date: _____

Received By: _____ Signature: _____ Date: _____



RETURN LOGISTICS
 International Corporation
 22 Artley Road
 Savannah, GA 31408
 (912) 748-5100

RX & OTC Inventory

DEA# RE0215675
 GA# PHWH001025

PLEASE TELL US ABOUT THE NONSCHEDULED PRODUCTS YOU ARE SENDING TO US

- List all nonscheduled products. See Schedule I & II inventory. Please be sure to number and sign each additional page that is attached.
- A "Return Order Report" confirming the receipt of products delivered to RLI's Service Center will be mailed to you once your shipment has been processed. Retain this report for your records.

NOTE: If vials, syringes, etc. are packaged as multipacks, please count each vial, syringe, etc. as one package.

Line No.	National Drug Code (NDC)	Full Product Name	Strength	No. of Package	Package Size	Sealed? Y/N	If No. No. of Units	Dose Form	Lot/Batch	Expiration Date	Reason for Return
Example	00024-1574-25	Pontocaine HCl	1 gr / 100ml	16	2 ml	Y		ml	25A68	4/01	Expired
Example	00024-1574-25	Pontocaine HCl	1 gr / 100ml	1	2 ml	N	1 ml	ml	25A68	4/01	Expired
Example	00182-1011-01	Albuterol Sulfate	2 mg	1	100	N	21	Tabs	1P97	12/01	Short Dated
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15.											

Thank you for the opportunity to earn your confidence.

Prepared By: _____ Signature: _____ Date: _____

Received By: _____ Signature: _____ Date: _____