



PICK-UP STATION REQUEST FORM (1-1)

To be used when the shipper and receiver are NOT within the same corporation.

Pharmacy Name	TDDD License Number (starts with 02)
Address	

Pick-up Station Name – Attach list if more than one	TDDD License Number (starts with 02)*
Address	

*Not applicable if exempt. Please refer to section 4729.541 of the Ohio Revised Code (<http://codes.ohio.gov/orc/4729.541>) or this document (<http://www.pharmacy.ohio.gov/prescriberTDDD>) for more information on the entities that are not required to be licensed as terminal distributors of dangerous drugs.



Description of Activity

In the box below (or as a separate attachment), provide a narrative that includes the following: 1) a description of the activity that will be conducted; 2) a list of the types of drugs involved; and 3) information on how you will comply with the requirements of OAC 4729-5-10 (<http://codes.ohio.gov/oac/4729-5-10>). Either the pharmacy or the Pick-up Station can write the narrative. ***Failure to include the narrative will result in the automatic denial of your request.***

I attest that I have read OAC 4729-5-10, meet and will comply with the requirements of this rule as set forth. The narrative provided is an accurate reflection of the activity that will be conducted.

Print/type name of Responsible Person – Pharmacy	Print/type name of Responsible Person – Pick-up Station
Signature of Responsible Person – Pharmacy	Signature of Responsible Person – Pick-up Station
Date	Date
E-mail of Responsible Person – Pharmacy	E-mail of Responsible Person – Pick-up Station
Phone Number of Responsible Person – Pharmacy	Phone Number of Responsible Person – Pick-up Station
RPh License Number	Professional License Number

THE COMPLETED FORM and ANY ATTACHMENTS MUST BE SCANNED AND UPLOADED AS A SINGLE PDF DOCUMENT HERE:
www.pharmacy.ohio.gov/licensing/GeneralDocumentUpload.aspx