To ensure regulatory compliance and promote product safety, the Tennessee Board of Pharmacy is surveying all entities seeking licensure in Tennessee as an Outsourcer. Please answer the questions below and return to the Board office. You may respond by mail to Tennessee Board of Pharmacy 665 Mainstream Drive, Nashville, TN 37243; by fax to 615-741-2722; or by scanning and e-mailing to: Pharmacyhealth@tn.gov

Pursuant to Tennessee Code Annotated (T.C.A.) §63-10-305 (8), the request to complete and return this survey is considered a lawful order of the Board of Pharmacy. Response is required before a license will be issued. Please retain a copy of your response at the firm’s location.

NAME OF FACILITY: ____________________________________________

ADDRESS OF FACILITY: ______________________________________

CITY, STATE, ZIP: __________________________________________

PHONE NUMBER: __________________________

PHARMACIST IN CHARGE: ______________________________________

NAME OF PERSON RESPONSIBLE FOR RESPONDING: ____________

OUTSOURCING FACILITY

T. C.A. §63-10-204 (29) "Outsourcing facility" means a facility engaged in the compounding of sterile drugs which has elected to register as an outsourcing facility with the U. S. Food and Drug Administration and which complies with all relevant federal laws and regulations.

1. By this definition, does this firm "distribute" legend drugs or devices? _____ Yes _____ No

If "no", please provide a description of the business and the reason you do not feel it meets this definition:

______________________________________________________________

______________________________________________________________
If “yes”, please answer the following questions:

a. Is the firm licensed or registered with FDA?    Yes   No

If “no”, please provide a brief explanation why not: ________________________________

If “yes”, please attach proof of the FDA license or registration to your response to this survey.

b. How many different products does the firm distribute? ________

c. Are any sterile products distributed?   Yes   No

d. Does the firm ship product into other states?    Yes   No

If “yes”, please attach a list of all other states into which products are distributed.

e. Is the firm licensed by all other states into which the firm ships?   Yes   No

If “yes” please attach proof of licensure.

If “no”, please describe why not: ________________________________