



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
Office of Health Related Boards  
665 Mainstream Drive  
Nashville, TN 37243

<http://tn.gov/health/topic/pharmacy-board>

TENNESSEE BOARD OF PHARMACY  
OUTSOURCING FACILITY COMPLIANCE SURVEY

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, Tennessee 37243; by fax to 615-741-2722; or by scanning and e-mailing to:

[Pharmacy.health@tn.gov](mailto:Pharmacy.health@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: \_\_\_\_\_

\_\_\_\_\_