

DIRECT CUSTOMER Product Return Form

This form must be completed and submitted for each return by Customer account. An accurate Organon Account Number for the Customer seeking reimbursement for returned product must be included, and a Facility DEA Number for the location may be added. Failure to supply this information may lead to a delay and/or refusal of credit being issued.

This form is intended for Customers who purchase products directly from Organon pursuant to the Organon Standard Terms and Conditions of Sale, excluding returns from Customers of wholesalers and distributors. For these Customers, please use the Organon Expired Product Return Form for Client of Wholesaler/Distributor.

Please fill out the following form. Unless otherwise indicated, all information is required.

Organon Account Number: _____ Account Name: _____ Please provide the address of the location returning Organon product.

Street Address: Include suite or room if applicable.

City: _____ State: ____ Zip: _____ Please provide the following identifiers for the location returning Organon product, NOT physician identifiers. The identifier must match the information for the Customer location who purchased Organon Product directly through Organon.

Facility DEA # (optional): _____ Facility DEA Name (optional): _____

Other Identifier # (optional): _____

Example: Health Industry Network (HIN) number

Debit Memo/PO (optional):

You may attach any corresponding invoices, or include Debit Memo/PO information for these returns, in order to expedite processing.

On the next page, please indicate the products to be returned.

Mail all products to:

Organon c/o Cardinal Health 3PL

Attn: Returns Department

15 Ingram Blvd.

Dock 43

LaVergne, TN 37086

The first two pages of this form <u>MUST</u> be included with the product. You do not need to return the Form Instructions page.

The Returning Party will pay for all transportation charges and must adhere to the proper postage charges.

Organon, LLC will not pay or give reimbursement for transportation, service, handling, or processing fees.

All Organon products must be returned using a delivery service with an ability to track the package (eg, UPS or Federal Express). All packaged products should be packed in order to ensure all product and product caps remain intact in transit. Credit is given only for product that is returned intact and received by Organon c/o Cardinal Health 3PL. Any credit will be determined by the shipment received by the Cardinal Health 3PL Returns Department.

THIS PRODUCT IS NOT FOR RESALE.

By submitting this form to Organon c/o Cardinal Health 3PL, Customer authorizes Cardinal Health 3PL and Organon to release the DEA registration number provided above as necessary to process product returns.

DIRECT CUSTOMER Product Return Form



Product Name	NDC #	Lot#	QTY/# of *

* Please indicate if the number in this column is the number of boxes or units

Mail all products to:
Organon c/o Cardinal Health 3PL
Attn: Returns Department
15 Ingram Blvd.
Dock 43

LaVergne, TN 37086

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The Returning Party will pay for all transportation charges and must adhere to the proper postage charges. Organon, LLC will not pay or give reimbursement for transportation, service, handling, or processing fees.

Credit for returns will be issued to provided Wholesaler/Distributor within

6-8 weeks.

All Organon products must be returned using a delivery service with an ability to track the package (e.g., UPS or Federal Express). All packaged products should be packed in order to ensure all product and product caps remain intact in transit. Credit is given only for product that is returned intact and received by Organon c/o Cardinal Health 3PL. Any credit will be determined by the shipment received by the Cardinal Health 3PL Returns Department.

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DIRECT TO CUSTOMER Product Return Form



FORM INSTRUCTIONS

You do not need to return this page.

General Instructions for Customers

To better serve our Customers, Organon is providing the following guidelines. These guidelines are to be used by Customers returning Organon products purchased from Organon Authorized Wholesalers or Distributors.

- a. All returns must be accompanied by a completed <u>Organon Expired Product Return Form for Direct Customer</u>. Failure to provide a completed form may result in no reimbursement for returned Product.
- b. All returns must be returned using a delivery service with an ability to track packages and must be packaged to protect contents during transit.
- c. Shipments spanning multiple containers must have each carton clearly numbered as: 1 of 10, 2 of 10, etc.
- d. The returning party will pay all transportation charges. Organon will not pay or give reimbursement for transportation, service, handling, or processing fees.
- e. By filling out and submitting the <u>Organon Expired Product Return Form for Direct Customer</u> to Organon c/o Cardinal Health 3PL, the Customer authorizes Cardinal Health 3PL and Organon to release the DEA registration number(s) provided on the form as necessary to process product returns and agrees that this use of the DEA registration number(s) provided above is compliant with applicable state law. Failure to supply this information could result in no credit being issued.

Guidelines for Completing the Organon Expired Product Return Form

Section 1: Customer Information

Definition of Customer: An entity that purchased Organon product from a Wholesaler/Distributor.

Definition of Organon Account Number: The number of the Organon Direct Purchase Account the Customer uses to purchase Organon pharmaceutical product directly from Organon.

Definition of Facility DEA: A DEA number tied to the location of a Customer, and not to an individual Healthcare Provider (HCP).

Complete Section 1 as follows:

- 1. Enter the Customer's Organon Account Number, Account Name, street address, city, state, and zip code.
- For faster processing, enter the DEA number of the Customer. If the Customer has a HIN and/or Other Identifier, include.
 The DEA number, HIN, and/or Other Identifier number must be for the Customer, who purchased Organon product directly from
 Organon. The DEA number must be tied to the Customer's location and not a DEA number for a specific Healthcare Provider (HCP).
- 3. Enter the complete debit memo number (or PO number) associated with the return.

Section 2: Products to be Returned

Complete Section 2 as follows:

- $1. \ \, \text{Enter the Product Name, NDC and Lot for each product to be returned.}$
- 2. Indicate the amount of the specific Product Name/NDC/Lot to be returned. For each amount, please indicate if the number references boxes or units.
- 3. A separate packing slip may be provided in lieu of filling out this information. The separate packing slip must include the above information

Note: Any credit for returned products will be ultimately determined by the shipments received by the Cardinal Health 3PL Returns Department.

Mail Returned Product to the address indicated on the form.

Contact Information:

For more information or additional questions, please contact the Order Management Center at 1-866-307-2977. The Order Management Center is open Monday through Friday, 8 AM – 7 PM ET, excluding holidays.

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