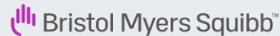


QUICK REFERENCE GUIDE



Infused Products Dispensing Customer Return Goods Request

If you have any questions or concerns related to this return policy or status, contact Bristol-Myers Squibb Customer Service:
E-mail: customerserviceoperations@bms.com Phone: 1-800-631-5244

* - Required Field

| Contact Information | Original Purchase Information |
|------------------------------------|---------------------------------------------|
| Requestor Name:* JAMES BROWN | Wholesaler Name:* Cardinal Health Specialty |
| Requestor Position:* PHARMACY TECH | Wholesaler Location:* LA VERGNE, TN |
| Company Name:* Community Hospital | Wholesaler Account:* 12345678 |
| Address:* GEORGE ROAD | Invoice Number:* 8675809 |
| City:* TAMPA | Invoice Date:* 11/26/2018 |
| State:* Florida | PO Number:* 123 |
| Zip:* 33634 | Date loss occurred:* 11/28/2018 |
| Phone:* (813) 881-9999 | |
| Phone Extension: | |
| E-Mail:* JAMES.BROWNE@CH.COM | |

1

For this invoice, were you eligible for a government program or government contract related discount? Yes No

DEA: HIN: RC040300X 340B grant #:

2

Return Information

Reason for Return:*

- Patient unavailable to receive or unable to receive due to illness/death
 - Open - Unable to Identify An Alternate Patient
 - Unopened - Unable to Identify An Alternate Patient
- Patient unavailable to receive when patient refuses treatment
- Patient unavailable to receive due to adverse event
- Patient ineligible for treatment.
- Compromised refrigeration (i.e. left out)
- Mishandling of the drug (i.e. dropped vial, incorrect mixing)
- Unopened product not accepted by wholesaler or specialty distributor due to distributor's determination of potential compromise of product

3

* To add product, enter product details in boxes below and then click on "Add Selected Item". You must repeat this process for each product batch that you are requesting to return on this invoice.

Product to return* Quantity* Lot #* Expiration Date*

| Select | Product to be returned | Quantity | Lot # | Expiration Date |
|--------------------------|---------------------------------|----------|---------|-----------------|
| <input type="checkbox"/> | Opdivo 240mg (1v) 00003-3734-13 | 1 | BNRB03A | Jan 2020 |

4

The undersigned hereby certifies that the information provided in this form is true and correct. The undersigned further certifies that the vial(s) for which a return is being requested have not been and will not be administered in whole or in part, that no reimbursement has or will be sought in connection with the vial(s) for which a return is being requested, and that the vials will be made available for pick-up by BMS (if unopened) or appropriately disposed of in accordance with applicable requirements for the disposal of medical waste (if opened/mixed/damaged).

5

Section 1 – Detail to identify your customer information, including your account number with the wholesaler. If the credit request is approved, BMS would credit the wholesaler providing your coordinating account number.

If product was received on **multiple invoices**, submit separate forms for each invoice number (See “Submit” section). The wholesaler invoice date and number is required. PO number is a required field. If no PO number, please type **N/A**.

Section 2 – Please answer Yes or No, if the invoice was eligible for government program or government contract related discount. **(Required)**

Select **Yes** if government eligible pricing, the system will require a DEA, HIN or 340B grant number to be entered.

Select **No**, if the invoice is not eligible for government pricing.

Section 3- Reason for return **(Required)**. Select the one that best fits your return request. Return reasons may have a secondary question to identify if the product was open or unopened.

Secondary question **(Required)**. Select Open or Unopened dependent on your request.

Section 4 – click on “Product to return”, then select your product. If product is **not** listed in the drop-down, then it is not eligible through this program.

Quantity entered is the **vial** count.
BMS product lot number (6 to 7 characters, alphanumeric or numeric)
Expiration date for the BMS product. Click the box, select **Month** and **Year**.

To **Add** product to the request, Click on “**ADD SELECTED ITEM**”
To **remove** product added in error, select the product by clicking on the check box, then click on “**Delete**”

Section 5 – Check mark the box certifying the above detail is correct.

Submit – Once all detail is final, click “**Submit**” once to receive confirmation number. (i.e. ReturnsException-00220(see next page)). Allow time to process. **Note: Clicking submit multiple times will submit same request, causing duplicate requests.**

If multiple invoice numbers, select the “Click Here” from the confirmation page. The system will return to the form to create with new invoice detail.

Confirmation Message

Your request has been submitted successfully

Confirmation Number: ReturnsException-00220

Please [CLICK HERE](#) if you want to submit more Invoices

Frequently Asked Questions

Q. Why am I not receiving the “Confirmation Number”?

A. Review form for “Required” or “Invalid Format” pop-ups

Q. My Wholesalers not listed. How do I proceed?

A. BMS list consists of our direct wholesalers, please contact your wholesaler to drill down to a BMS wholesaler.

Q. I do not have my wholesaler account number

A. This information may be on your invoice. If not, contact your wholesaler.

Q. I do not have a PO Number but it is a required field. What do I use?

A. Type in “Not available” or “N/A”

Q. System says that I need to add additional product, but I only have one product to list. What does it need?

A. Please click on the “Add Selected Item”. This will add the product you entered into the system. Without clicking “Add Selected Item” the system does not show any product for this request.

Q. I clicked on submit, but I did not receive my confirmation number. Did it submit?

A. Allow time for the system to process. If no confirmation number is received, please validate there are no required fields or invalid format. Contact BMS customer service for assistance @ 800-631-5244