



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
OXYGEN SUPPLIER COMPLIANCE SURVEY

To ensure regulatory compliance and promote product safety, the Tennessee Board of Pharmacy is surveying all entities seeking licensure in Tennessee as a Manufacturer. 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.

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: _____

NAME OF PERSON RESPONSIBLE FOR RESPONDING: _____

OXYGEN SUPPLIER

Board rule 1140-01-.01 (24) "Oxygen Supplier" means any person who sells, delivers, distributes or wholesales medical gases which require a prescription or medical order prior to administration, dispensing or delivery and which are considered legend drugs pursuant to the federal Food, Drug and Cosmetic Act to any person residing in this state.

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: _____
