PATTERSON COMPANIES
PRODUCT SUBMISSION FORM–MERCHANDISE

Your products are important to us. Please provide the following information and all required collateral material with new product submissions. The more information you are able to provide, the more thorough we can be when promoting your products. If a product undergoes a change of any kind, a new form should be submitted.

COMPANY NAME: _____

ADDRESS: _____

GENERAL INFORMATION: _____

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

Are we currently doing business with your company? ◯ Y ◯ N

Are any of your products currently stocked in Patterson distribution centers? ◯ Y ◯ N

If the answer to either question above is No, please contact our product submissions team for a new vendor setup form: productsubmissions@pattersondental.com

Example(s) of products or service currently offered through Patterson:

Is this a branded or private label product? ◯ Branded ◯ Private Label

PRODUCT INFORMATION

Fields must be completed in order for product to be considered.

Only one form along with a list of item numbers, descriptions and pricing needs to be submitted for a product family submission where the same Safety Data Sheet (if applicable) covers the entire product family. If items within the product family contain different Safety Data Sheets, then a separate form is required for the different items covered by each Safety Data Sheet.

For simple line item extensions such as new sizes, shapes, flavors or colors being added to an already existing line on the Patterson system, this form is not necessary; a listing of the item numbers, descriptions and prices is sufficient. Please provide the listing with a reference to the existing Patterson item numbers which the line item extension belongs with.

Formal product name (including proper trademarks):

PRODUCT INFORMATION (CONTINUED)

Product description *(max of 255 characters including spaces):*

Manufacturer item number:_____

Market introduction date and product availability date:_____

If this product is part of a product line we currently carry or a product line with multiple items, please include all of the items with this request.

Attach a separate Microsoft Excel file or Word document with all of the products and manufacturing numbers. Do not enter more than one manufacturer item number here. If there is a different manufacturer item number assigned to case lot packaging, please provide that information.

What is the primary purpose/use/category for this product? *Please note: if product is or can be used as any type of cleaner or disinfectant, then you must answer the following questions or the product will not be considered.*

What products currently on the market compete with this product?

Is this item a replacement for another one of your items? ◯ Y ◯ N

If yes, please list the item number of the item being replaced: _____

Manufacturing country of origin: _____

Please note: If product is made in U.S., Canada, or Mexico, please supply the NAFTA certificate of origin.

Is this product currently being distributed by another subsidiary of Patterson Companies Inc.? ◯ Y ◯ N

If yes, please identify which *(Patterson Dental, Patterson Dental Canada, Patterson Office Supplies, Patterson Veterinary, Animal Health International)*: _____

This product is available for sale in: ◯ U.S. ◯ Canada ◯ Both U.S. and Canada

Product purchase currency: ◯ U.S. ◯ Other: _____

PRODUCT INFORMATION (CONTINUED)

Purchasing Packaging information:

Individual: _____ *(ex. 200 gloves/box)*

Case qty.: _____ *(ex. 10 boxes or 2,000 gloves)*

Pallet qty.: _____ *(ex. 60 cases/pallet)*

What is the purchase unit of measure? *(This unit of measure should match with how the item will be invoiced)*

If other, please list: _____

What is the recommended selling unit to the end user? *(Case, Box, 2/pack, Each, etc.)*

What are the suggested selling unit package/kit contents?

Patterson cost: Quantity: _____ Wholesale: $ _____

Suggested Patterson selling price: Quantity: _____ Retail: $ _____

What is your lead time from Purchase Order creation date to Patterson receive date? _____

Does product have serial numbers? ◯ Y ◯ N

If yes, how many serial numbers are associated with this item?_____

Please list serial numbers:

What is the U.S. Harmonized Tariff Schedule number? _____

Attach File of Broker/Customs Requirements of Foreign Vendors

Are your products barcoded? ◯ Y ◯ N

Please attach barcodes if possible.

Is there a warranty associated with the product? ◯ Y ◯ N

If yes, Length: _____ Type: _____

ADDITIONAL PRODUCT INFORMATION

Material Content Disclosure

Does this product contain any of the following?

Latex ◯ Y ◯ N

Gluten ◯ Y ◯ N

Bis-Phenol A ◯ Y ◯ N

Iodine ◯ Y ◯ N

If yes, please provide volume per recommended sales unit: _____

Diethylhexyl phthalate (DEHP) ◯ Y ◯ N

Dibutyl phthalate (DBP) ◯ Y ◯ N

Dioctyl phthalate (DOP) ◯ Y ◯ N

Lead ◯ Y ◯ N

Barium ◯ Y ◯ N

Mercury ◯ Y ◯ N

Other: ◯ Y ◯ N If yes, please specify: _____

Shipping and Handling Requirements

Temperature – Indicate the normal temperature range for this product.

◯ Controlled room temperature (59-86°F)

◯ Refrigerated (35-46°F)

◯ Frozen (minus 4-14°F)

◯ Other (Please specify): _____

◯ No requirement

If frozen or refrigerated, how long can product be kept out of listed temperature range? _____ Hrs.

Can product be shipped in freezing weather? ◯ Y ◯ N

Can product be shipped in weather above 100°F without special packaging? ◯ Y ◯ N

Are temperature indicators needed for this product? ◯ Y ◯ N

Does product need to be stored upright? ◯ Y ◯ N

Are special shipping containers required? ◯ Y ◯ N

If yes, please describe: _____

Shipment location(s): _____

Are there duties required? ◯ Y ◯ N

Does the item have a shelf life/is it perishable? ◯ Y ◯ N

Provide UPC number and shelf life for batch management: _____

Examples of items that are batch managed: soap, sanitizer, medications, and most items that would have an SDS required.

Is this a sterilized product? ◯ Y ◯ N

SAFETY DATA SHEETS (SDS)

Is a Safety Data Sheet available for this product? ◯ Y ◯ N

ALL APPLICABLE SAFETY DATA SHEETS MUST BE IN GHS FORMAT AND PROVIDED WITH THIS SUBMISSION OR THE PRODUCT WILL NOT BE CONSIDERED.

If yes, does this product contain multiple components, each requiring a Safety Data Sheet? ◯ Y ◯ N

Must list all components and provide the component item number or, if the component is not sold separately, an MFG internal identifier. Please provide all Safety Data Sheets. This includes listing all non-chemical components, their quantity in the kit and their SKU (for example, mixing trays, spatulas, empty bottles, IFU's etc.) – anything that is included standard and any variations. If a product page is available breaking these multi-item kits down, please provide.

If yes, are all applicable Safety Data Sheets included in the recommended selling unit packaging? ◯ Y ◯ N

Special note: If product is or contains any powder(s) or liquid(s), then it is certain to have these available. Due to strict regulatory requirements, all applicable Safety Data Sheets must be provided. You must also provide the size and volume of any powder(s) or liquid(s) and the container capacity for any gaseous materials.

Please include manufacturer item numbers on the Safety Data Sheets or provide cross-reference identifying which items they pertain to. Please provide all Safety Data Sheets.

HAZARDOUS MATERIALS

Does the product contain any materials that pose a physical hazard? ◯ Y ◯ N

Does the product contain any materials that pose a health hazard? ◯ Y ◯ N

Please specify the physical and/or health hazards *(i.e., Flammable, Corrosive, Toxic, etc.)*

Is the product or any of its components subject to federal, foreign, and/or international hazardous materials transportation law? ◯ Y ◯ N

Please note that your product(s) may be subject to a chemical hazards review.

IF YOU HAVE CHECKED "YES" TO ANY OF THE QUESTIONS IN THE HAZARDOUS MATERIALS SECTION, YOU MUST ANSWER ALL HAZARDOUS MATERIAL SECTION QUESTIONS ON THE FOLLOWING PAGES. IF THE PRODUCT CONTAINS MORE THAN ONE COMPONENT THE FOLLOWING INFORMATION WILL NEED TO BE PROVIDED FOR EACH COMPONENT MATERIAL.

Hazardous Materials Description

Component _____ of _____ *(If the product is stand-alone or is a single component, skip this section and proceed to Proper shipping name)*

Component name: _____

Component SKU or product number: _____

Proper shipping name: _____

Technical name(s) if applicable: _____

UN ID Number: # _____ Primary Hazard Class/Division _____ PG _____

Subsidiary Hazard Class(es)/Division(s) _____ PG *(if different from primary)* _____

Is the product toxic to aquatic life? ◯ Y ◯ N

If so, complete the following:

Is the material listed as a marine pollutant in the U.S.? ◯ Y ◯ N

Is the material classified as a Marine Pollutant internationally? ◯ Y ◯ N

If the product contains more than one component that meets the definition of a hazardous material you will need to provide the information for it.

Hazardous Materials – Eligibility for Exceptions

Is the product eligible for any exceptions such as:

- ◯ Limited quantity (formerly ORM-D)
- ◯ Small quantity exception
- ◯ The product is excepted from the regulations in part or wholly.
- ◯ Specify exception(s):_____

The product is a party to one or more DOT special permits. ◯ Y ◯ N

If yes, specify the special permit(s): _____

Hazardous Materials – Packaging Requirements

Does the product require UN performance or specification packaging? ◯ Y ◯ N

Is the packaging certified for transport by aircraft? ◯ Y ◯ N

Does the product require a declaration of dangerous goods? ◯ Y ◯ N ◯ Air Only

Is this product eligible for any DOT special permits? ◯ Y ◯ N

If yes, please provide U.S. DOT SP##(s) _____

Is the product accepted by United Parcel Service (UPS)? ◯ Y ◯ N

If the product requires UN packaging, at what level is the UN packaging used to ship in to Patterson *(e.g., each item is in its own UN packaging; the case is UN packaging)?* Please explain:

ALL APPLICABLE CHEMICAL TESTING, PACKAGING CERTIFICATION REPORTS, PERFORMANCE TESTING, SPECIFICATION SHEETS AND/OR TECHNICAL DATA MUST BE PROVIDED WITH THIS SUBMISSION OR THE PRODUCT WILL NOT BE CONSIDERED FOR ADDITION.

Does product contain batteries? ◯ Y ◯ N

If yes, complete the following:

Type of battery (chemistry): *Examples include but are not limited to alkaline, lead-acid, lithium-ion, lithium-metal, nickel-cadmium (NiCad), nickel-metal hydride (NiMH)* _____

Quantity of batteries included with the product: _____

ALL APPLICABLE BATTERY SPECIFICATIONS AND TECHNICAL DATA MUST BE PROVIDED WITH THIS SUBMISSION OR THE PRODUCT WILL NOT BE CONSIDERED.

PHARMACEUTICAL

Is this product a pharmaceutical? ◯ Y ◯ N

If yes, what type? ◯ OTC ◯ RX ◯ Precursor/Listed chemical

Is this product a federally scheduled controlled substance? ◯ Y ◯ N

If yes, please indicate schedule: ◯ II ◯ IIN ◯ III ◯ IIIN ◯ IV ◯ V

Is this product a state scheduled controlled substance? ◯ Y ◯ N

If yes, please provide the state and the schedule:

NDC # by selling unit: _____

Name of the pharmaceutical or controlled substance as it appears on the label:

The quantity, dosage form and strength: _____

Mfr. Drug Establishment #: _____

Drug listing #: _____

Is this product approved by the FDA? ◯ Y ◯ N

If yes, please provide the FDA Approval Letter (NDA, ANDA, BLA).

Please attach copies of valid state pharmaceutical licenses and, if applicable, DEA permit.

If product is to be sold in Canada, DIN/NPN Number: _____

If not already on file, an Authorized Distributor of Record (ADR) Agreement must be provided to comply with PDMA requirements for all Rx pharmaceutical products.

MEDICAL DEVICES

Is this product a medical device? ◯ Y ◯ N

If yes, must indicate:

Product 510K number: _____

Classification: _____

Manufacturer Facility FDA Establishment Number: _____

CE marked: ◯ Y ◯ N

If yes, date applied: _____

If product is to be sold in Canada:

Medical Device Class (I, II, III, IV): _____

Medical Device License Number: _____

If Patterson is to be the official Importer of Record, you must answer the following:

Does product qualify for the retail exemption? ◯ Y ◯ N

If product does not qualify for the retail exemption, will Patterson be responsible for paying the Medical Device Excise Tax? ◯ Y ◯ N

Is this product an electrical medical device? *(Example: Curing light, ultrasonic units, etc.)* ◯ Y ◯ N

If yes and sold in the U.S.: Is the equipment UL marked? ◯ Y ◯ N

If yes and sold in Canada: Is the equipment CSA or ULC marked? ◯ Y ◯ N

What is the product life cycle? _____

Is sale of product restricted to licensed professionals, specific professions or trade classes? ◯ Y ◯ N

If yes, please list: _____

Do you wish for Patterson to sell your product in the state of California? ◯ Y ◯ N

Does the product contain a chemical on the Prop 65 List? ◯ Y ◯ N

If Yes, and the product requires labeling: List the chemical name(s) and provide .jpg/.tiff/.eps image of label that includes the Prop 65 warning.

NOTE: IF WE DO NOT RECEIVE THE PRODUCT LABEL, WE WILL NOT MAKE THE PRODUCT AVAILABLE FOR SALE IN CALIFORNIA.
If you have questions around what Prop 65 compliance entails, please visit this link: https://oehha.ca.gov/proposition-65

PESTICIDES

Is the product a pesticide? ◯ Y ◯ N

Is the product registered with the U.S. EPA? ◯ Y ◯ N

If yes, please provide the U.S. EPA registration number: _____

Is the product registered with the California Department of Pesticide Regulation? ◯ Y ◯ N

If yes, provide the California registration number: _____

Is the product registered in any other state? ◯ Y ◯ N

If yes, please identify the state(s) and provide the corresponding registration number: _____

PRODUCT MARKETING INFORMATION

Literature availability (instructions and sales sheets): _____

Catalog/Website product description:

Internet search words or index terms that would apply to product (other than the actual product name):

_____

Is high-resolution photography available for this product? ◯ Y ◯ N

Please include product image(s) with minimum 300dpi resolution, 8" x 8" size in .jpg, .tiff, .eps, or .png formats. Images must be shot on a white background. Images are required to display items on our ecommerce site.

Additional comments:

What marketing activities are planned for this product? *(i.e., trade journal ads, distributor ads, etc.)*

Are marketing co-op advertising funds available for this product? ◯ Y ◯ N

PRODUCT MARKETING INFORMATION (CONTINUED)

Supplier acknowledges Patterson's Supplier Code of Conduct and certifies it will operate in accordance with the standards contained therein. Further, Supplier has not been excluded by the federal government from participation in any governmental program nor, to the best of its knowledge, has it been proposed for exclusion; it agrees to notify Patterson immediately upon receipt of written or verbal notification that Supplier is proposed for exclusion from any governmental health program.

Submitted by: _____ Date: _____

Phone number: _____ Email address: _____

Primary contact(s) for questions regarding regulatory issues or product packaging: _____

Phone number: _____ Email address: _____

PATTERSON MARKETING DEPT. USE ONLY

- ◯ Vendor approved to add.
- ◯ Product liability insurance certificate received.
- ◯ Existing vendor. Vendor abbreviation: _____
- ◯ Approved for addition to U.S. item file by _____ Date _____
- ◯ Patterson item number(s): (if multiple attach list) _____
- ◯ Safety Data Sheets and item number(s) sent to Compliance Coordinator // Date: _____

If answer to question # (is this product a pharmaceutical) is yes, the area below must be completed // Not necessary if type of pharmaceutical is OTC*

- ◯ Set "Prescription Item" flag in Tandem to "Y" after adding product.
- ◯ Set all restriction flags needed to "Y" ("N" for Hygienist if fluoride products)
- ◯ Added to item notes INVOIC & PRCHDC messages (pharmaceutical items only). {Item notes control numbers are 1009540 & 1009631}
- ◯ Products containing any chemical materials, possessing an SDS or containing any batteries, or give any other indication that it might be hazardous or regulated in some form (such as pictograms or specific words like flammable, corrosive, toxic, poisonous, combustible, danger, warning). If in doubt forward submission form and all attachments to Robb Boros at rboros@pattersoncompanies.com.
- ◯ Separate invoice note (visible at DC level) set up containing the item's NDC number, the name of the prescription drug as it appears on the label and the dosage form & strength set up for item(s).

By _____ Date _____

Internal use only: Available on web? ◯ Y ◯ N Configurable item? ◯ Y ◯ N