



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
BOARD OF PHARMACY
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
<http://health.state.tn.us/Boards/Pharmacy>

**TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS (3PL) 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 Third Party Logistic Provider. 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, TN 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: _____

THIRD PARTY LOGISITICS PROVIDER (3PL)

Board rule 1140-01-.01 (42) "Third party logistics provider (3PL)" means a person who provides or coordinates warehousing or other logistics services of a drug or device on behalf of a manufacturer, wholesale distributor, or dispenser of the drug or device, but does not take ownership of the drug or device, or has responsibility to direct the sale or disposition of the drug or device.

1. By this definition, is this firm a "third party logistics provider (3PL)"? 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:

2. Is the firm licensed or registered with FDA? Yes No

If "no", please provide a brief explanation why:

If "yes", please attach proof of the FDA license or registration to your response to this survey.

3. How many different products has the firm manufactured in the past 12 months? _____

Please attach a list of all products manufactured at the facility in the past 12 months along with the volume produced of each item.

4. Are any sterile products manufactured? Yes No

If "yes", please attach a list of all sterile products manufactured and the volume produced of each item.

5. Does the firm ship product into other states? Yes No

If "yes", please attach a list of all other states into which shipment occurs.

6. Is the firm licensed in all states listed in Question 5? Yes No

If "yes", please attach proof of licensure.

If "no", please describe why not:
