

Current



LifeScience Logistics

Title:	Prescription Drug Vendor Returns and Quarantine Shipping	
Number:	WI 600.27	Rev. Date: 07-NOV-2023
Rev. Level:	001	

1.0 PURPOSE

The purpose of this procedure is to define the process for returning product to vendors and/or shipping quarantined products [to vendors](#).

2.0 SCOPE

This procedure applies to all LSL Prescription Drug Program facilities. Quarantine shipping and returns to vendors are in scope. [Exclusive of imported prescription products](#). Shipping released (not quarantined) product using the Vendor Returns module is within scope.

3.0 REFERENCES

21 CFR 211	Current Good Manufacturing Practices for Finished Pharmaceuticals
21 CFR 820	Quality Systems Regulations
SOP 1101	Control of Records
SOP 7000	Prescription Drug Destruction of Products
SOP 7005	Prescription Drug DSCSA Track and Trace Regulatory Requirements
WI 600.06	Prescription Drug Hold and Release

4.0 DEFINITIONS

TECSYS Elite	System for inventory, orders, cash applications
Quarantined Product	Product that is physically and/or electronically segregated for quality reasons or at Client request
Vendor	Any Entity as a "ship to" location that is not a customer of LSL's Client. IE destruction vendor, manufacturer, repackager, Client etc.

5.0 ABBREVIATIONS/ACRONYMS

AM	Account Manager
CC	Client Code
CEO	Chief Executive Officer
CFR	Code of Federal Regulations
CQCU	Corporate Quality Control Unit
DMS	Distribution Management System
LSL	LifeScience Logistics
QA	Quality Assurance
QS	Quarantine Shipping
VR	Vendor Return
WI	Work Instruction

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10.0 TRAINING RECORD

Training Date	Type of Training		
	<input type="checkbox"/> Self-Training – Level 2	<input type="checkbox"/> Trainer Led – Level 3 with optional Module	<input type="checkbox"/> Trainer Led – Level 4 with Module

Trainee: Signature and date indicates you have trained and understand this procedure and all associated documents as well as the training module/material listed above.

Trainee Printed Name	Trainee Signature	Department	Date

Trainer: Signature below indicates you have presented training on the procedure listed to the employees listed above.

Training Event Number	Trainer Printed Name (N/A if Self-Training)	Trainer Signature (N/A if Self-Training)