From:	Adam Brosius[adam@pharmasales.com]
Sent:	Wed 8/5/2020 8:25:00 PM (UTC)
To:	Charles Boyd[CharlesB@Safechain.com]; Garrett Mellott[garrett@pharmasales.com]; Dhruv Ralhan[dhruv@shs.healthcare]; Invoice 9229[9229sales@gmail.com]
Subject:	Fwd: blank T3
Attachment:	ATT00001.htm
Attachment:	image001.png
Attachment:	image002.png
Attachment:	ATT00002.htm
Attachment:	BLANK T3.pdf
Attachment:	ATT00003.htm

Please see attached   super simple to fill out

lets get someone on it ASAP

Need product from BLVD

Worldwide Pharma Sales Group Inc.

455 NE Fifth Avenue Suite D434

Delray Beach, Florida 33483

215.595.3932

adam@pharmasales.com

---------- Forwarded message ---------
From: **Charles Boyd** <CharlesB@safechain.com>
Date: Wed, Aug 5, 2020 at 4:18 PM
Subject: Fwd: blank T3
To: Adam Brosius (Contact) <adam@pharmasales.com>

Charlie Boyd | Founder & CEO
Safe Chain Solutions, LLC
822 Chesapeake Drive
Cambridge, MD 21613

GX 128.001

SCSRELATIVITY_0001416048

office: 855.437.5727
www.SafeChain.com |

Begin forwarded message:

From: Abbie Divilio <AbbieD@Safechain.com>
Date: August 5, 2020 at 4:08:54 PM EDT
To: Charles Boyd <CharlesB@Safechain.com>
Subject: blank T3

Please see attached for a blank T3 template

Abbie Divilio | Director of Compliance

Safe Chain Solutions, LLC

822 Chesapeake Drive | Cambridge, MD 21613

office: 855.437.5727 x1017 | fax: 866.930.1128

www.SafeChain.com |

GX 128.003

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

NDC:

Reference Number: _____
Document Type: _____
Reference Date: _____

Lot Number	Quantity	Unique Serial #

(TH) Transaction History

Manufacturer's Name:
Manufacturer's information:

SOLD TO: **Name:** **Address:** **Date Purchased & Ref :**	**SHIPPED TO:** **Name:** **Address:** **Date Received & Ref :**

SOLD TO:
Name:
Address:
 	
   Date Purchased & Ref :
	SHIPPED TO:
	Name:
	Address:
	
	  Date Received & Ref :

SOLD TO: **Name:** **Address:** **Date Purchased & Ref :**	**SHIPPED TO:** **Name:** **Address:** **Date Received & Ref :**
SOLD TO: **Name:** **Address:** **Date Purchased & Ref :**	**SHIPPED TO:** **Name:** **Address:** **Date Received & Ref :**
SOLD TO: **Name:** **Address:** **Date Purchased & Ref :**	**SHIPPED TO:** **Name:** **Address:** **Date Received & Ref :**

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) –   (G)

(A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

Page: 1   of 1   pages.