

## Confidential Due Diligence Questionnaire

### **ACCOUNT INFORMATION**

Company Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name and Title of person completing this form: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Number of Pharmacists at this Location: \_\_\_\_\_

### **DOCUMENTATION REQUIRED**

(Attach additional sheets if necessary)

Copy of DEA Registrations if applicable.

Copy of State Board of Pharmacy Licenses

Copy of State Controlled Substance license

### **REQUIRED INFORMATION**

1. How many years have you been in business?
2. How many Rx orders does your company average per week?
3. How many Controlled Substance orders does your company average per week?
4. Do you have a Due Diligence process for your customers in place? Yes \_\_\_No\_\_\_
5. Does your company have a website? Yes\_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the website address?
6. Does the website solicit controlled substances, or accept orders for controlled substances on that site? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

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7. Please describe your building (including square footage) and associated security alarm system.  
(Attach additional sheets if necessary)

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8. Who is your primary pharmaceutical vendor?

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**LICENSING**

1. What was the date of your last state inspection? \_\_\_\_\_

2. What was the date of your last federal inspection? \_\_\_\_\_

3. Have there been any disciplinary actions taken against you or your facility?  
Yes \_\_\_ No \_\_\_

If so, please describe those actions:

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4. List the states that you dispense controlled substances. If applicable. Use additional sheets if necessary.

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a) Are you licensed in that state(s) and comply with their laws? Yes \_\_\_ No \_\_\_

b) Who is the responsible individual for monitoring licenses and compliance?

**COMPLIANCE AND RECORD KEEPING:**

1. Is there a new employee screening process? Yes \_\_\_ No \_\_\_

Please explain the process \_\_\_\_\_

Business Organization Name \_\_\_\_\_

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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