



Drug Distributor – Account Designation for Customer Reporting

Updated 8/20/2024

[Rule 4729:6-3-05 of the Ohio Administrative Code](#) requires wholesale distributors of dangerous drugs, virtual wholesalers, manufacturers of dangerous drugs and outsourcing facilities to submit information on any customer or potential customer that may be engaging in possible activities that may cause reported drugs to be diverted from legitimate channels, including those to whom a drug distributor refuses to sell.

Companies with multiple Ohio drug distributor licenses may designate one wholesale data upload account to report customers in accordance with the rule. This designation does not apply to the submission of suspicious orders or wholesale sales that are reported to OARRS.

The form must be signed (digital signatures are acceptable) and submitted using the document upload feature on the Board of Pharmacy website:

www.pharmacy.ohio.gov/upload.

Be sure to select “Customer Reporting” as the document type.

Please allow up to two weeks to process a request.

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Part I – Designated Account Information – Provide information on the wholesale data upload account that will submit customer information on behalf of the licensees listed in Part II of this form.

Name of Drug Distributor		Ohio Drug Distributor License No. (beginning with 01) Associated with Data Upload Account	
Street Address	City	State	Zip
Drug Enforcement Administration Registration No. (if applicable)		Wholesale Data Upload Account User Name	
Contact Person Name (First, Last Name)		Contact Telephone No.	
Contact Email			

Part II – List Ohio Drug Distributor Licenses – Provide a complete list of Ohio licensees that will be submitting customer information via the designated account listed in Part I of this form.

Licensee Name	DEA Registration # (if applicable)	Ohio Drug Distributor License No. (beginning with 01)

For additional licenses, please include as an additional attachment to this form.

PART III – Attestation – *Must be signed by the Responsible Person for Drug Distributor listed in Part I of this form. Digital signatures are acceptable.*

I HEREBY ATTEST THAT THE LICENSEE LISTED IN PART I OF THIS FORM IS THE DESIGNATED ACCOUNT THAT IS RESPONSIBLE FOR REPORTING CUSTOMERS IN ACCORDANCE WITH RULE 4729:6-3-05 OF THE ADMINISTRATIVE CODE ON BEHALF OF THE LICENSEES LISTED IN PART II OF THIS FORM.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM IS **TRUE, CORRECT, AND COMPLETE.**

Responsible Person Signature	Date	Printed Name