

Audit References

TI Response ID* _____

TI Request ID* _____

TI Request Investigation ID _____

Timestamp* _____

Responder Information

Person or Department Name* _____

Organization Name* _____

Phone* _____

Email* _____

Responder GLN _____

Email Callback Address* _____

Response Message to the entire request

Known 3911 Numbers related to this Request

Additional Documents related to this request

Document Links _____

Attached Documents (names) _____

Response (repeat this section for each Request Line Number in the request)

Request Line Number * _____

GTIN or NDC * _____

Serial Number or Lot* _____

Response Type Requested* Transaction Information _____

Line Number Message _____

Transaction Information (fill in if Requester requested Transaction Information)

Repeat this section for each TI Record that meets the Line Request.

GTIN* _____

NDC * _____

Drug Name* _____

Strength* _____

Dosage Form* _____

Container Size* _____

Strength* _____

Number of Containers* _____

Lot Number* _____

Serial Number* _____

Expiration Date* _____

Associated PO* _____

Transaction Statement* _____

Direct Purchase Statement*



DSCSA Trace

Transaction Information Response

Date of Shipment*

Date of Transaction*

Ownership From Information

GLN*

Company Name*

Street Address*

City*

State*

Postal Code*

Country Code*

TI Request email Address*

TI Request URI Address

Ownership To Information

GLN*

Company Name*

Street Address*

City*

State*

Postal Code*

Country

Code*

TI Request email Address*

TI Request URI Address

Ownership Notes

Ownership Information (fill in if Requester requested All Known or Last Known Owners)

Repeat this section for each Owner that meets the Line Request

GTIN * _____

NDC * _____

Serial Number* _____

Ownership Information

If the request was for "All" owners, repeat this section for all known owners.

GLN*

Company Name*

Street Address*

City*

State

*

Postal Code*

Country

Code*

TI Request email Address*

TI Request URI Address

Notes

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