GlaxoSmithKline (US) Promotional Distribution Operations Receiving Specifications

(Delivery Hours: Monday - Friday 7:00 a.m. - 4:00 p.m.)

 Carrier must call Promotional Distribution Operations at least 24 hours prior to shipping for a delivery appointment. Notification of the number of pallets being delivered is required.

Call the Promotional Distribution Operations Receiving Department @ 804-518-4176

 Shipments will be received from 7:00 a.m. - 4:00 p.m. Monday – Friday at the following location:

GlaxoSmithKline
Promotional Distribution Operations
1600 Ruffin Mill Road
Doors 6-10
Colonial Heights, VA 23834

- Packing lists must accompany ALL shipments. Packing lists should include the PAR number, quantity, complete description of materials, and an indication of whether the shipment is complete or a partial.
- Cartons must be marked with the GlaxoSmithKline PAR Number (e.g., FL2166R0), item description, and carton quantity. Each shipment must be packed in uniformly sized cartons packed in consistent quantities (maximum weight 35 lbs.). Each per unit quantity of the contents must be marked on the outside of the carton. DO NOT use Styrofoam packing material (e.g., peanuts).
- Pallets MUST be prepared and shipped with ONLY ONE type of product per pallet.
- Shipments in excess of a half pallet must be shipped on 40" or 42"W x 48"D (Grocery Manufacturers Association), wood, 4-way pallet, banded or stretch wrapped and secured to pallet. Contents should not overhang. Height, including pallet, should not exceed 50 inches from floor. Weight of pallet should not exceed 2,500 pounds. Maximum carton weight is 35 pounds. Each pallet must have a consistent number of cartons. Each pallet must be free of contaminants and reasonably free of dirt and dust.

Label Instructions

Label Example:

FL2166R0 Flonase File Card 1000 TOTAL (100 PACKS of 10) XYZ CORP, CHICAGO, IL

- Explanation of Label Items required
 - PAR # GlaxoSmithKline Stock Keeping Unit number.
 - DESCRIPTION Items as described on GSK's Purchase Order or the Production Authorization Form.
 - QUANTITY Must be the total quantity per carton, number of packs, and the quantity per pack.
 - VENDOR NAME As specified on the Purchase Order or the Production Authorization Form (Should include Name, City, and State ONLY, NO Street Address).
- Please FAX a sample of your label to the Promotional Distribution Operations Receiving Department prior to the materials being shipped to verify that the information complies with the required receiving specifications.

NOTE: From May 10, 2010 - May 24, 2010 - Fax: 804-526-2710 After May 24, 2010 - Fax: 877-450-0022

Note: Failure to comply with the above guidelines may result in the refusal of freight, or back charges to the supplier if additional time is required to prepare freight for proper receipt into the warehouse. Inability to adopt the GlaxoSmithKline shipping procedures will also result in the removal of vendor from the list of potential future suppliers.

Questions regarding these Receiving Specifications should be directed to:

Promotional Distribution Operations 804-518-4176