

# AstraZeneca Group Purchasing Organization Declaration Form

To comply with the AstraZeneca Single Dedication Policy, please accept this declaration that

\_\_\_\_\_  
(Facility Name)

("Facility") is declaring

**MMCAP Infuse**

*(Group Purchasing Organization & Sub-group, if applicable)*

as the exclusive Group Purchasing Organization ("GPO") for contract eligibility with AstraZeneca.

This document serves as written confirmation of the exclusive GPO of choice by Facility, and will remain in effect and on file until further written confirmation of a change has been received and approved by AstraZeneca. AstraZeneca, as referred to herein, shall mean the AstraZeneca Family of Companies AstraZeneca Pharmaceuticals LP ("AZPLP") for all products identified by an AZPLP product code, labeler code or NDC number; AstraZeneca LP ("AZLP") for all products identified by an AZLP product code, labeler code or NDC number; and MedImmune for all products identified by a MedImmune product code, labeler code or NDC number. References to AstraZeneca products herein shall refer to both AZLP product, AZ PLP products and MedImmune products. Facility agrees to permit AstraZeneca to audit annually, on reasonable notice and during normal business hours, all books and records of the undersigned related to any AstraZeneca products purchased by Facility. Facility certifies that all data submitted by Facility to the exclusive GPO of choice or to AstraZeneca for chargebacks and other reimbursements relating to purchases by Facility under the AstraZeneca contract with the exclusive GPO of choice (the "Agreement") must be data originating from purchases of U.S. AstraZeneca product bearing an AstraZeneca 11 digit National Drug Code, as assigned by the U.S. Food and Drug Administration. In addition, all applicable federal and state laws must be adhered to. Facility also certifies that (i) Facility's pharmacy(ies) that dispenses AstraZeneca products that are the subject of the Agreement are located, licensed and registered within the United States of America; (ii) AstraZeneca products purchased under the AstraZeneca contract with the exclusive GPO of choice are for its "own use," and no products purchased under the Agreement may be commercially resold or redistributed to any other entity or person. Sales and/or redistribution of said products to any other type of entity, account or third party will be a violation of such contract and, in addition to pursuing any other remedies that AstraZeneca may have available at law or equity, AstraZeneca may terminate your right to receive products and/or reimbursements under said contract. Facility shall not be deemed a third party beneficiary of the Agreement or any other agreement between AstraZeneca and the exclusive GPO, and Facility shall have no right to bring suit against AstraZeneca for any alleged or actual breach of its obligations under the Agreement or any other agreement between AstraZeneca and the exclusive GPO.

**THIS SECTION IS NOT APPLICABLE TO HOSPITALS:** Please check  the box which best describes your facility:

- |   |   |
|---|---|
| <input type="checkbox"/> Clinic/Outpatient  | <input type="checkbox"/> Correctional Facility  |
| <input type="checkbox"/> Home Health Care/Home Infusion                               | <input type="checkbox"/> Physician/Practitioner |
| <input type="checkbox"/> Hospice  | <input type="checkbox"/> DSH Inpatient Hospital |
| <input type="checkbox"/> Inpatient Hospitals Acute Care                               | <input type="checkbox"/> Dialysis               |
| <input type="checkbox"/> Long Term Care Facility (Nursing Home/Nursing Home Provider) |   |
| <input type="checkbox"/> Combination Pharmacy (Closed Door/Retail)                    |   |

- Combination Pharmacy is defined as a pharmacy with segregated inventories for retail and closed-door within the same facility. A retail & closed-door DEA, HIN, or Wholesaler ID must be provided to show separation of retail from closed-door inventory.

and/or

\_\_\_\_\_  
(Retail DEA/ HIN Number)

\_\_\_\_\_  
(Retail Wholesaler Acct #)

and/or

\_\_\_\_\_  
(Closed-door DEA or HIN#)

\_\_\_\_\_  
(Closed Door Wholesaler Acct #)

Other (if checked, please explain on the line below) \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED/SIGNED FOR A CUSTOMER TO BE REVIEWED AS A POTENTIAL AZ CUSTOMER:**

\_\_\_\_\_  
(Signature of Director of Pharmacy)      (Date)

\_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Job Title)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Effective Date)

\_\_\_\_\_  
(DEA #)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(HIN#)

\_\_\_\_\_  
(Fax #)

\_\_\_\_\_  
(e-mail address – if available)

Please return completed form to:

**Contract Operations Membership Department**  
**AstraZeneca, 1800 Concord Pike, Alapocas – A1B-722**  
**Wilmington, DE 19803**  
**Membership@astrazeneca.com**

**Note: This change will be effective 10 days from receipt by AstraZeneca.**