**** Please read carefully. After completing all required information, please print name, sign, and date below. ****

GROUP PURCHASING ORGANIZATION DESIGNATION AND BUSINESS TYPE ELIGIBILITY FORM

In order to take advantage of prices and/or rebates under a Group Purchasing Organization (GPO) or Alliance with GSK contracts, GSK requires an eligible facility to designate only **ONE** GPO whose contract(s) said facility will access to purchase GSK products. **The GPO designation listed below, if different from current files, will remove facility from their current GPO (or other segment) within 30 days of notification.**

Multiple GPO designations, even for different product groups, will not be honored. Designations may be changed, but will require thirty (30) days advance written notice to GSK. GSK reserves the right to refuse to extend a contract price to a facility that has failed to designate a GPO/Alliance, seeks to purchase under agreements with multiple alliances, or does not meet contract eligibility requirements. Facility will be added to the designated GPO's contract(s) within thirty (30) days, if GSK determines that all contract eligibility requirements are met. (Declaration forms must be submitted for each location. "Blanket" declaration forms are not accepted.)

I. COMPLETE ALL REQUESTED INFORMATION: (PLEASE PRINT) (INCOMPLETE FORMS WILL NOT BE PROCESSED)

FACILITY NAME _____ EMAIL _____

DEA# (Must be current) _____ EXP DATE _____ HIN _____

STATE LICENSE # _____ EXP DATE _____ DR NAME (If applicable) _____

DSH ELIGIBLE INPATIENT ACUTE FACILITY: YES ◯ NO ◯ DSH ID (If applicable) _____

PHYSICAL ADDRESS _____ SUITE # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE #_____ FAX# _____

REBATE MAILING ADDRESS (If different from physical) _____

II. MUST DESIGNATE SOLE GROUP PURCHASING ORGANIZATION: CNECT / Premier

III. LIST PRIMARY WHOLESALER by NAME, CITY, STATE: _____

IV. PLEASE CERTIFY (*) TYPE OF BUSINESS FOR ABOVE FACILITY BY CHECKING ONE OF THE BOXES BELOW : (Business type will be confirmed via research, telephone surveys, and site surveys, etc.)

- ☐ On-site Inpatient Hospital
- ☐ On-site Outpatient Hospital Pharmacy
- ☐ Outpatient Clinic in a Hospital
- ☐ Inpatient Treatment Center
- ☐ Ambulatory Surgical Center
- ☐ Oncology Clinic
- ☐ Occupational Medicine/Workman's Comp
- ☐ Hospital Employee Pharmacy
- ☐ Intermediate Care Facilities for Mentally Retarded
- ☐ Home Health Care/Home Infusion
- ☐ Hospice
- ☐ Hospice In Patient
- ☐ Renal Dialysis Center
- ☐ Emergency Care/Urgent Care Center
- ☐ Student Health Center
- ☐ Retail
- ☐ Health Clinic
- ☐ Physician Clinic/Doctor's Office
- ☐ Nursing Home Provider Pharmacy
- ☐ Nursing Home
- ☐ Correctional Facility Provider
- ☐ Correctional Facility
- ☐ Visiting Nurse
- ☐ Inpatient Psychiatric Facility
- ☐ Combo Pharmacy Vaccines
- ☐ Outpatient Mental Health Clinic

V. CIRCLE CORRECT ANSWER FOR THE FOLLOWING QUESTION:

Does any part of the Facility's business(s) include sales of inventory at retail? YES ◯ NO ◯

VI. (*) CERTIFICATION:

By signing below, Facility certifies, under penalty of perjury, that all of the above information is true and correct. Further, Facility certifies and agrees that (1) any GSK product purchased under any agreement shall be for its "Own Use," as defined by the United States Supreme Court in its opinions report at Abbott Laboratories et al. v. Portland Retail Druggist Association, Inc., 425 U.S. 1 (1976), and Jefferson County Pharmaceutical Association, Inc., v. Abbott Laboratories, et al., 103 S. Ct. 1011 (1983), and (2) GSK may, in its sole discretion, contact Facility's staff, and/or visit Facility's locations to verify that the above information is correct, and Facility agrees to provide such information to GSK as is reasonably necessary for GSK to make such a determination.

Print Name *(Required)* Title *(Required)* Signature *(Required)* Date *(Required)*

FAX COMPLETED FORM TO 919-483-0038

Updated 11/25/14