

# GPO / Buying group declaration form

This document ("GPO Declaration") is a declaration of the applicable group purchasing organizations or buying groups (each, a "GPO") for the pharmacy location listed below and for any additional pharmacy locations listed in any attachment hereto (each, a "Facility"). This GPO Declaration supersedes any prior GPO declaration that was submitted to AmerisourceBergen Drug Corporation ("AmerisourceBergen").

This GPO Declaration designates a single primary GPO ("Primary GPO") for each Facility, even if a Facility has multiple GPO affiliations. **This GPO Declaration will not be accepted if multiple Primary GPO affiliations are designated below.**

To the extent applicable, this GPO Declaration also serves as a declaration of the Facility's eligibility for GPO contract pricing. In order to utilize a GPO's pricing contracts, this GPO Declaration should be completed at least thirty (30) days prior to the effective date of the initial start of service or any change in GPO, as applicable. GPO contract pricing will not be implemented without a signed GPO Declaration reflecting the applicable Primary GPO and any secondary GPO designations. Each Facility is responsible for resolving any contract pricing discrepancies for eligibility under GPO or individual pricing contracts. If a manufacturer disputes contract pricing, AmerisourceBergen will issue a credit for the amount paid and will re-bill the Facility at the non-contract price that was in effect at the time of the original order. Unless otherwise permitted by law, signature of this GPO Declaration constitutes a representation by each Facility that (i) it will comply with all manufacturer contract terms, (ii) to the extent applicable, products purchased based on GPO contract pricing will be used only for the Facility's "own use" as defined in *Abbott Laboratories v. Portland Retail Druggist Ass'n*, 425 U.S. 1 (1976), and (iii) if any portion of the business does not qualify for GPO contract pricing, the Facility will maintain a separate inventory and will not otherwise divert products sold at such contract pricing. Any diversion or other use of these products may result in immediate termination of the Facility's accounts.

Please list the name, address, DEA and HIN numbers of the Facility below, along with the Primary GPO and any secondary GPO, if applicable. Facilities with the same Primary GPO affiliation may be listed on an attachment hereto (note, a separate GPO Declaration Form must be completed for accounts created pursuant to the 340B Drug Pricing Program, including Contract Pharmacy accounts). This GPO Declaration may be signed by either party electronically. By signing this GPO Declaration electronically, each party agrees to be legally bound by the terms herein with the same effect as if the party had signed this GPO Declaration with a manual signature.

Customer to fill all fields below

Facility name

Address

City State Zip

Phone Fax

Other names under which you have operated in the last year

Parent corporation (if applicable)

DEA number HIN number

AmerisourceBergen division

Primary GPO (select one) Secondary GPO (select one)

Name (First and Last)

Title

Signature

Date