



GPO Primary Group Designation Form

Account Name: Mangum Regional medical Center
 Address: 1 Wickersham Drive
 City: Mangum State: OK Zip Code: 73554
 Covidien Bill-to #: _____ Covidien Ship-to #: _____
 COT: _____

Are you part of a Health System? Yes No (must check one)
 If "Yes" please identify HEALTH SYSTEM
 NAME: _____
 Is this form affecting MULTIPLE ACCOUNTS? Yes No (must check one)
 If "Yes" must attach fully completed Exhibit A.
 Are you (or are you owned, leased or otherwise controlled by) an acute care hospital, health system, ambulatory surgery center or other acute care health care facility? Yes No (must check one)

Authorized Distribution Medline
 Agent(s): Mckesson
Note: Pricing due to initial selection or subsequent change of Primary GPO (as defined below) will become effective following authorized distributor's required 60-day advance notification period of such selection or change. If multiple distributors are used for multiple product lines, please add an attachment with additional relevant information.

The undersigned, duly authorized representative of the above named entity ("Member") hereby acknowledges and agrees on behalf of itself and all of its present and future affiliates, including without limitation the owned, leased and/or controlled facilities identified on Facility List hereto ("Affiliates"), that such Member and its Affiliates hereby elect to make all of their purchases of products and/or services that are facilitated by a contract with a group purchasing organization ("GPO") (collectively, "Contract Products") from Covidien Sales LLC and its affiliates ("Covidien") through Premier Healthcare Alliance, L.P. ("Premier") as Member's primary GPO, unless superseded by a subsequent written GPO Primary Group Designation Form received from Member expressly designating another GPO as its primary GPO. Member confirms, and hereby notifies Covidien, that Member has elected on behalf of itself and its Affiliates not to purchase Contract Products from Covidien under any contract that Covidien (or any of its affiliates) may be a party to with any GPO other than Premier, and this GPO declaration by Member shall terminate and supersede any letter of participation, letter of commitment or other GPO membership designation previously entered into or agreed to by Member with respect to Member's, or any of its Affiliates', purchases from Covidien and its affiliates under agreement(s) of any GPO other than Premier. Once this form has been signed by Member and submitted to Covidien, any changes in primary GPO designation of Member (and its Affiliates) shall require the submission of a new form by Member. For clarity, this GPO designation form shall not affect the pricing in any direct local agreement between Member and Covidien.

Each PGDF shall become effective as follows: (a) in the event that the relevant Member purchases Products directly from Covidien (i) if Covidien receives such signed PGDF between the first and 15th of any month, then the PGDF shall be effective on the first day of the next month, or (ii) if Covidien receives such signed PGDF between the 16th and the last day of any month, then the PGDF shall be effective on the 1st of the second full month thereafter, and (b) in the event that the relevant Member purchases Products through an Authorized Distributor, upon the soonest possible date as Covidien specifies, but in no event later than 60 days after the date that such PGDF was received by Covidien. PGDFs received directly by Covidien shall be deemed received on the date of receipt.

APPROVAL SIGNATURES

Authorized Account Signature: _____
 Print Name: _____
 Title: _____ Date: _____
 Email Address: _____

ELECTRONIC SUBMISSION VIA SUPPLY CHAIN ADVISOR (SCA) IS PREFERRED

Log into Supply Chain Advisor (PP-PGDF-Covidien) to Activate

Members without access may email/fax a completed, signed PGDF to:

Email: CovidienPGDF@Premierinc.com

Fax: (704) 816-3555

For Covidien Membership Internal Use Only

Member ID: _____ Current PG: _____ Allied #: _____ COT: _____

Membership Start Date: _____

PG Effective Date: _____

Admin _____

Admin Signature: _____

Date Processed:

Name:

Facility List

Owned, Leased and/or Managed

Member acknowledges and declares that all facilities listed below are owned, leased and/or controlled by: **Cohesive Healthcare Resources**

	Entity Code	Member Name	Address	City	ST	Top Parent Name
1	834641	Mangum Regional Medical Center	1 Wickersham Drive	Mangum	OK	
2						
3						
4						
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Add additional pages if necessary