



Your submitted information will be kept confidential and used for internal purposes only. At no time will it be copied or shared with other suppliers.

Completion and submission of this form is the first step in the product introduction process.

Part 1 of 2 – Supplier Information

Company Contact Information:

Company Name:

Corporate Headquarters Address:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

USA or Foreign Based Company:

Website:

Other:

Primary Contact Information:

Contact Name:

Title:

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E-mail:

Telephone/ext.:

Executive Personnel:

President/CEO:

Telephone/ext.:

Vice President/
Marketing-Sales:

Telephone/ext.:

National Accounts
Director:

Telephone/ext.:

Type of Company (check all that apply):

Manufacturer

Distributor

Consultant

Service Provider

Marketer

Wholesaler

Other

Business Classifications (check all that apply):

Subsidiary/division of parent company
If so, Parent name:

Corporation

Partnership

Privately held

Publicly held

Woman owned

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- | | |
|---|---|
| <input type="checkbox"/> Small business | <input type="checkbox"/> Veteran owned |
| <input type="checkbox"/> Blind or severely disabled | <input type="checkbox"/> Government owned |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Minority owned |
| | <input type="checkbox"/> Other <input type="text"/> |

If minority owned, please specify by checking the appropriate designation:

- | | |
|--|---|
| <input type="radio"/> African American | <input type="radio"/> Native American |
| <input type="radio"/> Hispanic American | <input type="radio"/> Subcontinent Asian American |
| <input type="radio"/> Asian Pacific American | |

If a publicly held company, please enter stock symbol and exchange market:

Stock symbol:

Exchange market:

Financial Information:

Dunn & Bradstreet number:

Prior year's revenue:

Current year's projected revenue:

Next year's anticipated revenue:

Total number of employees:



Contracted Suppliers:

Is the company currently a contracted supplier with CHCA or Premier?

- Yes No

Contract Numbers:

Classification/Certification Information:

North American Industrial Classification Code (formerly Standard Industrial Classification Code)

Healthcare Intelligence Network (HIN) number (if applicable):

Is the company certified by the International Organization for Standardization (ISO certified)?

- Yes No

Diversity:

Does your company have a supplier diversity policy?

- Yes No

Does your company have a current relationship with a Minority and/or Women-Owned Business?

- Yes No

If "Yes" please provide a list of businesses:

CHCA encourages interest from Diverse Suppliers including small businesses and those owned by Women and Minorities.



Mergers & Acquisitions:

Does your company plan to acquire additional companies within the next 1-12 months?

- Yes No

Please list acquisitions over the past 18 months:

Is your company currently undergoing a merger or buy-out?

- Yes No

If “Yes”, by whom?

Customer References:

Please list 3 customer references for your company that are CHCA Hospitals. List name of hospital, city, contact name, and phone number:

Part 2 of 2 – Supplier Information

Multiple products must be submitted individually. Please complete Part 2 of this form for each product.

Product Category Identification:

- | | |
|--|---|
| <input type="checkbox"/> Alternate Site | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Capital Equipment | <input type="checkbox"/> Imaging |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Information Technologies |



Clinical Technologies/Services

Laboratory

Consulting

Marketing

Distribution

Med/Surg

eHealth

Nutrition Services

eCommerce Services

Operating Room

Education

Pharmacy

Energy Services

Respiratory

Support Services

Product Name:

Brand name (ex: Vacutainer™)

Generic name (ex: Blood collection Device)

Synonyms (ex: Phlebotomy tube holder)

Manufacturer number:

Describe key features of your product:

Product Classification:

UNSPSC code:



Food and Drug Administration (FDA):

Is the product FDA approved?

- Yes No Exempt

If “Yes”, check one and provide the most recent approval information:

PMA Number: Date approved:
(Example: P123456/S123)

510K Number: Date approved:
(Example: K123456)

NDC Number: Date approved:
(Example: 1234-1234-12)
(Example: 12345-123-12)
(Example: 12345-1234-1)

Product Use (FDA approved indications for use):

Pharmaceuticals

If the product is a pharmaceutical, has the New Drug Application (NDA) been submitted?

- Yes No

NDA submission date:

Are Phase III trials completed?

- Yes No



Is the agent an orphan drug?

- Yes No

Is the agent on accelerated approval?

- Yes No

Healthcare Services

Is your product a service?

- Yes No

If “Yes”, what is the service provided? Please specify:

Has reimbursement been established for this product?

- Yes No

If “Yes”, type of reimbursement (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Insurance/PPO |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> HMO |
| <input type="checkbox"/> State specific | |

If “Yes”, what is the code?



Distribution:

Is the product currently available for distribution in the United States?

- Yes No

If "Yes", specify the product launch date:

List authorized distributors of the product, check all that apply:

- AmerisourceBergen
- The Burrows Company
- Cardinal Healthcare
- McKesson Medical
- Medline Industries, Inc.
- Owens & minor
- PharMed
- Other

Environmental Considerations:

Is this product considered environmentally preferred*?

- Yes No

If "Yes", enter its' classifications (select all that apply):

- Latex-free
- PVC-free
- Mercury-free
- Chlorine-free
- Free of ozone depleting substances
- Other

*Environmentally Preferred products and packaging (EPP), in general, are less toxic, minimize pollution, are more energy efficient, and are safer and healthier for patients, workers, and the environment when compared to competing products and services.

Breakthrough Technology:

Is the product the first of its kind or a de novo product?

- Yes No

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If “No”, does the product offer unique safety or clinical advantages compared to other available products in its category?

Yes

No

If “Yes”, describe here:

CHCA’s New product introduction process provides a mechanism for new or existing CHCA or Premier contracted suppliers to introduce breakthrough products that noticeably improve the quality, process, and/or outcome for Children’s Hospitals. The process helps to ensure that members are aware of other technologies with significant advantages brought to market by non-CHCA or Premier contracted suppliers. CHCA is committed to a process that is fair, timely, confidential, and unbiased, with an opportunity for review of decisions.

Product References:

Please list all CHCA hospitals that currently use or have evaluated the product. List name, city, contact name and phone number. If you do not supply products to hospitals or healthcare institutions, list any 3 organizations that currently use your product. (A list of CHCA Owner Hospitals can be found at www.chca.com)

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Please list all published peer reviewed studies and other pertinent clinical studies that reference the product:

List website(s) where more information may be found about this product:

Provide Sales Volume data per product(s) and/or service(s) being used at each Owner Hospitals (list by hospital, product and product volume):

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Provide potential savings opportunities (based on discounted pricing, changes in pricing tiers, etc.) for Owner Hospitals:

Provide new sales activity/potential at Owner Hospitals and the name of the hospital key contact (list by hospital):

Provide CHCA a list of vendor pediatric specific products.



Other/Additional Comments:

Please include any other relevant information not addressed in the sections above.

By submitting this form I am certifying that the information provided in response to this survey is current, complete, and accurate to the best of my knowledge and may be relied upon by CHCA Group Purchasing Services in any contract negotiations or supplier validation as of the date entered below.

- I agree
- I do not agree

Your name:

Signature:

For questions or more information contact Traci Parsons at (913) 262-1436.