

General Instructions for Completing the MMCAP Application

- Organizations eligible to purchase from Texas Statewide Procurement Division (SPD) contracts can become MMCAP members under SPD's umbrella. This includes active members of our Texas SmartBuy Program, formerly the State of Texas Cooperative Purchasing Program.
- Complete all sections of the application with open fields.
- **Email completed application to Texas Comptroller's Statewide Procurement Division**

To: MMCAP.Texas@cpa.texas.gov

CC: william.schneider@state.mn.us

Subject: MMCAP Application – <Your Organization Name>

Please allow at least 8 working days for approval after completion.

Begin by Completing Fields starting on Page 2 of the MMCAP Application

1. Section number one has been completed for you.
2. Enter your Facility's name
3. Enter your "Bill To" address
4. Enter your "Ship To" address
 - SPD recommends that each county/city complete its own application. For other types of Texas SmartBuy Members, we recommend a separate application for each shipping address. For entities with one billing address and multiple "ship to" locations, a single MMCAP application can be done. Please contact MMCAP membership at 651-201-2420 if you elect to do this.
5. Enter your facility's website
6. Check your type of entity

<i>If you are.....</i>	<i>Select.....</i>
An Agency	State Government
County Health Department	Municipal Government
City Health Department	Municipal Government
Public University/College	State Government
Private University/College	Non-Government Private (for profit or non-profit whichever applies)

7. Select your entity's primary purpose

8. Enter your Health Industry Number (HIN)

- **What is an HIN?** It's a unique 9-digit alphanumeric identifier assigned by the Health Industry Business Communications Council (HIBCC). The number gives manufacturers transparency when shipping product to qualified health care facilities.

(<https://www.hibcc.org/hin-system/hin-resources/>)

Examples: 5L16JH38Y, 5LX3JH324 or 13D50H3FY

***NOTE:** If you do not know your HIN or you do not have one, type **"Please obtain an HIN for my facility"** on this line and MMCAP will assist you during the approval process.

9. Enter your Drug Enforcement Administration (DEA) Number.

- **What is a DEA Number?** The DEA registration number allows you to purchase prescription medications which includes vaccines. If you don't know your DEA number, reach out to your medical director or the physician responsible for medical oversight of your facility. If your overseeing physician does not know the DEA number, leave this section blank. But be aware, that MMCAP will need a copy of your medical oversight license to complete your application.

10. If your facility is a pharmacy, provide the Pharmacy License Number, otherwise leave blank.

11. This section has been completed for you.

12. Identify whether or not your facility is 340B eligible.

- **What is a 340B Facility?** The 340B is a federal program developed to allow safety net providers large discounts on outpatient medications in order to stretch resources and serve more eligible patients. Manufacturers that want their products covered by Medicaid must agree to provide significantly reduced prices.
- **How do I know my organization is a 340B Facility?** Eligible entities are defined in statute and a list can be found here: <https://www.hrsa.gov/opa/eligibility-and-registration/index.html>. Many of our county health departments (CHDs) participate in the 340B program under family planning, STD, or TB clinic designations. The 340B program has a database you can search to see if any of your CHDs are participating:

<https://340bopais.hrsa.gov/>

- Click <https://340bopais.hrsa.gov/>
- Click Search button
- Click> Covered Entities
- State> Texas
- Keyword> <<enter key words for entity here>>

13. If your facility has not bought vaccines from another Group Purchasing Organization (GPO), select "no" otherwise select "yes" and complete this section.

Examples of GPOs: Novation, Amerinet, The Broadlane Group, Premier, etc.

For further assistance, contact MMCAP directly at 651-297-3996 or

MMCAP.membership@state.mn.us.

14. Select all checkboxes that describe your facility.
- 15-17 Please provide MMCAP with your facility contacts. You must provide at least one, but 3 contacts are preferred.

Continue to Page 6 of the form

18. Enter your facility's complete legal name
19. Enter your facility's address ***This must be the same as the bill to address***
20. Print the document
21. Go to page 5. Sign and date the form under Facility Representative.
22. Go to page 8. Sign and Date the form under Facility Representative.
23. Scan the document and email to
To: MMCAP.Texas@cpa.texas.gov
Cc: william.schneider@state.mn.us
24. Subject: MMCAP Application – <Your Organization Name>
*Please allow at least 8 working days for approval after *completion.*

For additional questions not addressed in this document

Contact MMCAP @ 651-201-2420 or MMCAP.membership@state.mn.us



Minnesota Multistate Contracting Alliance for Pharmacy

651.201.2420 www.mmcap.org

Membership Application and Membership Agreement Instructions for Completion

Thank you for your interest in membership with the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP). Processing a new membership application generally takes less than a week after MMCAP receives it. You will receive a welcome letter and copy of the fully executed Membership Agreement after the membership has been activated.

Eligibility

Membership in MMCAP is limited to facilities that:

1. Have legal authority to contract with the State of Minnesota, and
2. The State of Minnesota has legal authority to contract with the entity. Minnesota's authority is limited by Minnesota Statutes Section 471.59, subdivision 10 to:
 - Other states
 - Agencies of other states
 - Counties
 - Cities
 - School Districts
 - Federally recognized Indian tribes
 - Entities recognized by the member state's statutes as authorized to use that state's commodity or service contracts (Minnesota Statutes Section 16C.03, subdivision 10 – found at: <https://www.revisor.mn.gov/statutes/?id=16C.03>).

Application Check List:

Application fully completed with each question answered

If this application includes multiple ship-to locations contact MMCAP Membership at 651.201.2420.

Application signed by facility representative

Member Facility Agreement fully executed by proper authority of the facility applying

Application and Member Facility Agreement forwarded to the applicable MMCAP State Contact for final processing

If you have any questions, please contact MMCAP at 651.201.2420.



Minnesota Multistate Contracting Alliance for Pharmacy

Facility Membership Application

Forward the completed application and executed Member Facility Agreement to your State Contact for final processing. (A list of State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts.") The State Contact will then forward the authorized form to the MMCAP office for processing.

Type or Print Clearly

1. Indicate the **specific legal authority** under which this facility may purchase goods and services from MMCAP:
 Texas Government Code §2156.181 and 34 Texas Administrative Code §20.237 (i.e., statutory authority to be able to contract with the State of Minnesota or governing board resolution). Leave blank if you need assistance with this question from the MMCAP State Contact or MMCAP.

2. Facility's Full Legal Name (no abbreviations):
 Collin County, Texas

3. Complete "Bill To" Street Address: 2300 Bloomdale, Suite 3100
City: McKinney State: TX Zip: 75071

4. Complete "Ship To" Street Address, if different: 825 N McDonald St. Suite 145
City: McKinney State: TX Zip: 75069
* If this application includes multiple ship-to locations contact MMCAP Membership at 651.201.2420

5. Facility Website: www.collincountytx.gov

6. What type of entity is the facility? (**Check one**)

<input type="checkbox"/> State Government	<input type="checkbox"/> Non-government Private – for profit
<input checked="" type="checkbox"/> County/Parish Government	<input type="checkbox"/> Non-government Private – non-profit
<input type="checkbox"/> Municipal Government	<input type="checkbox"/> Federal Government

7. What is the primary purpose of your facility? (**Check one**)

<input type="checkbox"/> Central Purchasing/Business Office	<input type="checkbox"/> Public Safety/First Responders
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> School/College/University
<input type="checkbox"/> Convalescence/Nursing Facility	<input type="checkbox"/> Veterinary
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Public Health	

8. Health Industry Number (HIN), if known: Please obtain an HIN for my facility
MMCAP can assist in obtaining this number when the application is processed. Indicate need for assistance on line above.

9. DEA Number, if applicable (required for controlled substances): AM1449102; FN1633139

10. Facility's State Pharmacy License Number, if applicable: 26325

11. Indicate which MMCAP programs the facility intends to use? (Check all that apply)

- Pharmacy Program**
 - Pharmaceutical Wholesaler Services (AmerisourceBergen, Cardinal Health, or Morris & Dickson)
 - Products
 - Prescription Drugs (other than vaccines)
 - Vaccines (other than influenza) + Immune Globulins**
 - Over-the-counter
 - Nutritionals
 - Diabetic Supplies (meters/strips/syringes)
 - Containers and Vials
 - Contract Price Auditing
 - Returned Goods Processing
 - Pharmaceutical Repackaging
- Influenza Vaccine Program**
- Prescription Filling/Pharmacy Service Program**
- Student Health Oral Contraceptives Program**
- Emergency Preparedness/Stockpiling Program**
- Healthcare Products and Services Program**
 - Medical Supplies & Distribution Services
 - Dental Supplies & Distribution Services
 - Drug Testing Kits and Services
 - Laboratory Supplies
 - Condoms

12. Is the facility 340B (PHS)* Eligible?

*The Federal 340B Drug Pricing Program provides significant pharmaceutical discounts to facilities receiving certain types of federal government funding.

- Yes
- No
- Unsure**

13. Within the past year, has this facility been affiliated with a pharmaceutical group purchasing organization (GPO) other than MMCAP? (Please check one.)

No

Yes, but the facility is switching to MMCAP. Attach a signed letter on the facility's letterhead stating that it wishes to discontinue your association with its current pharmaceutical GPO and use MMCAP instead.

Yes and the facility will remain with its current GPO.

Current pharmaceutical GPO Name: _____

Products the facility currently purchases: _____

14. Which best describes this facility? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Juvenile Detention |
| <input type="checkbox"/> Adult Daycare | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Ambulatory Care Pharmacy | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Mail Order Pharmacy |
| <input checked="" type="checkbox"/> Clinic (if checked, then check all that apply) | <input type="checkbox"/> Mental Health (if checked, then check all that apply) |
| <input type="checkbox"/> city | <input type="checkbox"/> ICFMR (<i>intermediate care facility for mentally retarded</i>) |
| <input type="checkbox"/> dental | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> oncology infusion clinic or practice | <input type="checkbox"/> developmental disabilities |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> No Care Provided |
| <input type="checkbox"/> radiology services | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> state | <input type="checkbox"/> convalescences |
| <input type="checkbox"/> surgical | <input type="checkbox"/> nursing home |
| <input checked="" type="checkbox"/> WIC (<i>women, infant, children</i>) | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> Central Purchasing/Business Office | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> Community/Public Health Nursing | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Corrections | <input checked="" type="checkbox"/> Other (State and Local Gov't) healthcare related:
County Health Department (Immunizations, STD & TB Clinics) |
| <input type="checkbox"/> city Jail | <input checked="" type="checkbox"/> Patient Population Served |
| <input type="checkbox"/> county Jail | <input checked="" type="checkbox"/> pediatrics |
| <input type="checkbox"/> state Prison | <input checked="" type="checkbox"/> adult |
| <input type="checkbox"/> Dentist | <input checked="" type="checkbox"/> geriatrics |
| <input type="checkbox"/> Detoxification | <input checked="" type="checkbox"/> Public Health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> school district | <input type="checkbox"/> Rehabilitation (if checked, then check all that apply) |
| <input type="checkbox"/> elementary | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> secondary | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> post-secondary | <input type="checkbox"/> skilled nursing facilities |
| <input type="checkbox"/> Emergency First Responders | <input type="checkbox"/> Research/Training |
| <input type="checkbox"/> Emergency Medicine & Ambulance | <input type="checkbox"/> Senior Services |
| <input checked="" type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Skilled Nursing Facilities |
| <input type="checkbox"/> Health Service | <input type="checkbox"/> Specialty Pharmacy/Special Care |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Student Health |
| <input type="checkbox"/> home health provider, non-pharmacy | <input type="checkbox"/> Surgery Center |
| <input type="checkbox"/> home infusion | <input type="checkbox"/> University (if checked, then check all that apply) |
| <input type="checkbox"/> home medical equipment | <input type="checkbox"/> teaching hospital |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> training or research (<i>clinic research centers</i>) |
| <input type="checkbox"/> Hospital (if checked, then check all that apply) | <input type="checkbox"/> college student health services |
| <input type="checkbox"/> acute care | <input type="checkbox"/> pharmacy school |
| <input type="checkbox"/> city/ county/ state | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> Veterans Home – State |
| <input type="checkbox"/> long-term care | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> oncology infusion clinic or practice | <input type="checkbox"/> veterinary medicine |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> veterinary medicine – university dept. |
| <input type="checkbox"/> radiology services | <input type="checkbox"/> veterinary zoological medicine |
| <input type="checkbox"/> surgical | |

Facility Contacts: Not all facilities will have three contacts. Listing at least one main contact person is required.

15. Designated Facility MMCAP contact person: Sophia Vilca Madrid
Title: Indigent Coordinator Phone: 972-548-5518 Fax: 972-547-7268
Email Address: svilca@co.collin.tx.us
16. Alternate Facility MMCAP contact person: Joann Gilbride
Title: Healthcare Coordinator Phone: 972-548-5503 Fax: 972-548-4441
Email Address: jgilbride@co.collin.tx.us
17. Facility's Purchasing MMCAP contact person: Susan Hayes
Title: Buyer II Phone: 972-548-4122 Fax: 972-548-4694
Email Address: shayes@co.collin.tx.us

APPROVALS

Applicant Facility:

The information above is true and correct.

Signed:  Date: 8/13/18
Facility Representative

MMCAP State Contact Review:

Forward signed application and agreement on to the applicable MMCAP State Contact for final processing. A list of MMCAP State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts." Facilities located in Connecticut, Illinois, Massachusetts, Ohio, and Pennsylvania mail directly to mn.multistate@state.mn.us.

I have reviewed and approve the facility's eligibility for membership in MMCAP.

Signed: _____ Date: _____
MMCAP State Contact



Minnesota Multistate Contracting Alliance for Pharmacy

50 Sherburne Avenue, Suite 112, St. Paul, MN 55155

651.201-2420

www.mmcap.org

Member Facility Agreement

This Agreement is by and between the State of Minnesota, acting through its Commissioner of Administration on behalf of Minnesota Multistate Contracting Alliance for Pharmacy (“MMCAP”) and

Collin County, Texas

Facility’s complete legal name (do not use acronyms)

2300 Bloomdale, Suite 3160, McKinney, TX 75071

(“Member Facility”).

Full address including city, state, and zip code

MMCAP is a free, voluntary, public sector group purchasing organization for government-authorized facilities and is operated by the Materials Management Division of the State of Minnesota's Department of Administration. It combines the purchasing power of its members to receive the best prices available for the products and services for which it contracts. Membership in MMCAP is limited to facilities with which the State of Minnesota may contract, as defined by Minnesota Statutes Section 471.59, subdivision 10.

The Member Facility desires to access MMCAP’s programs to purchase products and services for the Member Facility.

1. Term of Agreement and Cancellation

This Agreement, which is required by 42 C.F.R. § 1001.952(j) and Minnesota law, will be effective upon the date it is fully executed by all parties; and will remain in effect until cancelled by MMCAP or the Member Facility. This Agreement may be cancelled by either party upon 30 days’ written notice to the other party, or immediately upon material breach by one of the parties.

2. Member Facility

The Member Facility:

- A. Certifies it has authority to enter into this Agreement with the State of Minnesota and, where applicable, authorizes MMCAP to negotiate contracts on its behalf. For non-government entities, also certifies it has statutory authority under which it may purchase goods and services from its state’s contracts.
- B. Must comply with all applicable laws, rules, and regulations governing government purchasing of pharmaceuticals, and related products and services when utilizing MMCAP contracts and programs.
- C. Should endeavor, where practical, to purchase its goods and services from MMCAP contracts.
- D. Acknowledges it will be bound by applicable antitrust laws (Robinson-Patman (15 U.S.C. 13 (a)) and purchase products for its “own use” as defined by *Abbott Labs v. Portland Retail Druggists* (425 U.S. 1(1976)) and *Jefferson County Pharmaceutical Association, Inc. v. Abbott Labs* (460 U.S. 150 (1983)).
- E. Will not resell (as may be prohibited by law) or divert products obtained under the MMCAP contracts. If there are any questions about the propriety of the use of products purchased from the MMCAP contracts, the Member Facility will obtain an opinion from its legal counsel and notify MMCAP of the decision.
- F. When applicable, acknowledges that the prices made available under MMCAP’s contracts may represent a discount to price that must be properly and accurately accounted for and reported in accordance with all federal and state laws, including the anti-kickback law (42 C.F.R. § 1320a-7b(b)(3)(A)) and regulations thereunder (42 C.F.R. §1001.952(h)).

- G. Must comply with the terms and conditions of the applicable MMCAP vendor contract data sheets; found on the MMCAP website at www.mmcap.org.
- H. Understands that MMCAP is not liable for any denied pricing, chargeback, refusal of vendors to honor contract pricing, or failure of vendors to deliver the products or services. THE MEMBER FACILITY ACKNOWLEDGES THAT MMCAP IS NOT THE MANUFACTURER OR DISTRIBUTOR OF ANY PRODUCT AND SERVICE AND MAKES NO REPRESENTATION AS TO WARRANTY OF QUALITY, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, CONDITION, OR OTHER ATTRIBUTE OF THE PRODUCTS SUPPLIED BY VENDORS UNDER MMCAP CONTRACTS.
- I. Must update MMCAP regarding changes to the Member Facility information and contact person information.
- J. Must promptly pay MMCAP-contracted vendors for all products or services purchased. MMCAP does not assume any responsibility for the accountability of funds expended by the member Facility.
- K. May be inactivated from MMCAP membership if there is no participation for 18 consecutive months.

3. MMCAP

MMCAP will:

- A. Select products or services for cooperative contracting under the programs offered.
- B. Comply with Minnesota laws, including procurement and data practices, that require fair and open competition.
- C. Make available copies of contract documents.
- D. Maintain vendor performance records.
- E. Assist in resolving administrative, contract, or supplier problems that cannot be resolved by the Member Facility.
- F. Provide information to the Member Facility regarding products and services available through the MMCAP program.
- G. Distribute to Member Facilities any unused administrative fees collected from contracted vendors (Article 4 below); and annually disclose in writing to Member Facilities, and to the Secretary of the United States Department of Health and Human Services upon request, the amounts received by MMCAP from vendors that were directly attributable to the Member Facility's purchases.

4. Administrative Fee Collected from MMCAP's Vendors

The MMCAP Managing Director may, pursuant to contract terms and conditions, require the contracted vendors (not Member Facilities) to pay an administrative fee to MMCAP. The fee of not more than three percent will be based on a percentage of sales made through the individual contracted vendor. Fees will be collected by the MMCAP office and used to pay for the administrative costs incurred in the operation of MMCAP as approved by the MMCAP Managing Director. Any remaining balance of funds will be returned to active members by means of either a credit to their wholesaler or distributor account, or other mechanism agreed to by the parties, in an amount proportional to the Member Facility's on-contract purchases.

5. Assignment, Amendments, Waiver, and Contract Complete

5.1 **Assignment.** Neither party may assign or transfer any rights or obligations under this Agreement without the prior consent of the other party and a fully executed assignment agreement.

5.2 **Amendments.** Any amendment to this Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original agreement.

5.3 **Waiver.** If either party fails to enforce any provision of this Agreement, that failure does not waive the provision or its right to enforce it.

6. Liability


Each party will be responsible for their own acts and behavior and the results thereof. Nothing in this membership agreement will be construed as expanding the limits of liability of the Member Facility beyond the limits of the law of its state. MMCAP's liability is governed by the Minnesota Tort Claims Act, Minnesota Statutes Section 3.736, and other applicable laws.

7. State Audits

As mandated by Minnesota Statutes Section 16C.05, subdivision 5, "the books, records, documents and accounting procedures and practices of the [Member Facility] relevant to this Agreement shall be made available and subject to examination by the State of Minnesota, including the contracting agency/division, Legislative Auditor, and State Auditor" for a minimum period of six years after the termination of this Agreement.

IN WITNESS WHEREOF, the undersigned parties represent they have the authority to bind their respective party and have signed intending to be bound thereby.

Member Facility:
(Person with legal authority to bind the facility)

By: 
Title: County Judge
Date: 8/13/18

State of Minnesota, through its Commissioner of Administration on behalf of MMCAP:

By: _____
Title: _____
Date: _____

Commissioner of Administration, as delegated to the Materials Management Division:

By: _____
Date: _____



GROUP PURCHASING ORGANIZATION MEMBERSHIP DECLARATION w/ SURVEY

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.)

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

FACILITY NAME Collin County Health Care Services

DEA # (must be current) AM1449102; FN1633139 STATE LICENSE # J3150; P6689 STATE LICENSE # EXPIRATION DATE 8/31/2020; 5/31/2019

FACILITY STATE LICENSE NAME OR AUTHORIZED HCP STATE LICENSE NAME Muriel A Marshall, DO; Arifa Nishat, MD

PHYSICAL ADDRESS 825 N. McDonald St. SUITE # 145

CITY McKinney STATE TX ZIP 75069

TELEPHONE 972-548-5518 FAX # 972-547-7268

MUST DESIGNATE SOLE GROUP PURCHASING ORGANIZATION: MMCAP

PRIMARY WHOLESALER (NAME, CITY, STATE) _____

TYPE OF BUSINESS:

- On-site inpatient hospital pharmacy
- On-site outpatient hospital pharmacy
- On-site hospital clinic
- Off-site satellite clinic (affiliated with _____ (Hospital Name))
- State Agency
- Oncology clinic / pharmacy
- Student health center
- Surgery Center
- Nursing Home Provider/Long Term Care
- Home health care/home infusion
- HMO/Managed health care
- Other (please describe: Clinic)

Is this facility owned, leased, or managed by a hospital or hospital system? YES NO
If so, name and location of hospital or hospital system _____

Is a pharmacy or physician-dispensing unit physically located within this facility? YES NO

Is this pharmacy or physician dispensing unit a closed-door pharmacy?
(i.e. only serves patients and employees of the facility?) YES NO

Is this facility for profit? YES NO

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.

Keith Self

County Judge

Printed Name (Required)

Title (Required)

Signature (Required)

Date (Required)

PLEASE FAX FORM BACK TO DECHANTAL HERRING AT 215-933-3947 or email iqq86213@gsk.com

Print Form

SANOFI U.S. LLC Membership Application

Facility Name	Collin County Health Care Services	Address	825 N. McDonald St Sute 145
City, St, Zip	McKinney, TX 75069	DEA	AM1449102; FN1633139
HIN	GLN	NPI	
Primary GPO	MMCAP	Wholesaler(s)	
Contact Name	Sophia Vilca Madrid	Email	svilca@co.collin.tx.us
Parent Company	Collin County, Texas	Additional Locations (owned – The parent location must be a central organization assuming all financial & ethical liability for affiliated locations) – please provide on next page	
Effective Date:			

Class of Trade (please select all that apply)

<input type="checkbox"/> Cancer Center/Oncology Clinic	<input type="checkbox"/> LTC Pharmacy Provider (please supply bed list)
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Mail Order Pharmacy
<input type="checkbox"/> Dialysis Center	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Durable Medical Equipment (DME) facility	<input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Physician (please specify specialty) _____
<input type="checkbox"/> EmergiCenter	<input type="checkbox"/> Retail Chain
<input type="checkbox"/> Home Health % Mail Order (required) _____ % Non-Mail Order (required) _____	<input type="checkbox"/> Retail Community Pharmacy
<input type="checkbox"/> Home Infusion % Mail Order (required) _____ % Non-Mail Order (required) _____	<input type="checkbox"/> Retail Mass Merchandiser
<input type="checkbox"/> Hospice	<input type="checkbox"/> Retail Food Retailer
<input type="checkbox"/> Hospital	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Hospital Warehouse	<input type="checkbox"/> Specialty Pharmacy - % Mail Order (required) _____ % Non-Mail Order (required) _____
<input type="checkbox"/> Infusion Compounding Pharmacy- % Mail Order (required) _____ % Non-Mail Order (required) _____	<input type="checkbox"/> Staff HMO
	<input type="checkbox"/> Surgery Center
	<input type="checkbox"/> Other (Please explain) _____ Clinic _____

Keith Self/County Judge

Name / Title (print):

Signature

Non-Retail facilities must complete the Own Use Certification below

OWN USE CERTIFICATION

The undersigned hereby certifies as follows:

I am an officer and/or authorized signatory of above named facility ("Member"). In such capacity, I have direct knowledge of, or have engaged in the necessary investigation to have, sufficient information to provide this Own Use Certification.

Member intends to purchase, and will purchase, sanofi products pursuant to the contract between Member's group purchasing organization and sanofi U.S. LLC ("sanofi") (the "GPO Agreement") exclusively for Member's "Own Use" as that term is defined by the United States Supreme Court in Abbott Laboratories v. Portland Retail Druggists Association, 425 U.S. 1 (1976), and the Ninth Circuit Court of Appeals in De Modena v. Kaiser Foundation Health Plan, Inc., 743 F.2d 1388 (9th Cir., 1984). Member acknowledges that sanofi is relying upon Member's certification hereunder as part of sanofi's eligibility criteria used to sell the sanofi products to Member pursuant to the GPO Agreement. Member agrees that for purposes of this Own Use Certification, Member's status as a for-profit or non-profit entity is immaterial.

To the extent applicable, Member agrees to comply with 21 U.S.C. 353(c)(3). Except as allowed under law, Member certifies that it shall not resell or trade the sanofi products purchased pursuant to the GPO Agreement to any other entity. Member agrees that all purchases made pursuant to the GPO Agreement are for domestic (U.S.) use only.

If Member fails to sign or comply with this Own Use Certification, Member shall not be eligible to purchase sanofi products pursuant to a GPO Agreement and Member agrees that sanofi shall have the right to invoice Member to recover the amount of the discounts obtained by Member during any period during which Member is ineligible.

Member agrees that sanofi may request supporting sales documentation and/or conduct an on-site inspection of Member's facility during reasonable business hours to ensure that sanofi products are used in compliance with this Own Use Certification. Such inspection shall be conducted in compliance with all privacy laws and regulations, including but not limited to, the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations.

IN WITNESS WHEREOF, I have executed this Own Use Certification on

8/13/18
DATE

Keith Self/County Judge

Name / Title (print):

Signature

Return Completed form to:
SANOFI U.S. Membership Dept
55 Corp Drive, MS 55B205-A, Bridgewater, NJ 08807
FAX – 908-243-9873
Email: Membership.Application@sanofi.com

Please note: Filling out this form does not guarantee GPO Pricing