Pediatric Health Network
Children's National

sanofi pasteur
The vaccines business of sanofi-aventis Group

Contract Designation Form

Practice/Facility Name:	
Practice Tax ID Number:	
Sanofi Pasteur Account Number :	

(Please complete one form for EACH shipping address.)

Ship to Address:			**Bill to Address: (if different)**		
Address:			***Address:***		
City:	***State:***	***Zip:***	***City:***	***State***	***Zip:***
Phone:	***Fax:***		***Phone:***	***Fax:***	

CONTRACT DESIGNATION:
Please be advised that this practice/facility chooses to use the Sanofi products covered under the Children's National Health Network-Sanofi contract. Necessary steps are taken to insure practice receives contract pricing, value added services and benefits contained on this contract. Please insure that all purchases by this practice/facility under this agreement are properly credited and reported to CNHN, as per the terms of the agreement. All benefits previously available to practice/facility will be discontinued and that all future purchases from this date forward will be under the Children's National Health Network-Sanofi Pasteur contract.

IMPORTANT CONTRACT TERMS:
To benefit from the Children's National Health Network-Sanofi contract pricing, I understand and agree to the following:

1.) Our practice/facility will order ALL of our Sanofi Pasteur vaccines from this contract.
2.) We will order Sanofi Pasteur vaccine products (DTaP, IPOL, HIB, Pentacel, Adacel & Menactra), where competing products exist.
3.) Vaccine order volumes will be monitored for CNHN and individual practices.
4.) Practices that do not comply with these contract terms will be removed from the CNHN-Sanofi contract.

Signature:	***Date:***
Print Name:	***DEA/HIN#:***
Title:	

Please email completed form to PHN Services (CNHN) @ phnservices@childrensnational.org.
For assistance, please contact Donnita Pickett at 202-476-2727 or phnservices@childrensnational.org