



Contract Designation Form Children's National Health Network-Sanofi Pasteur

CNHN Practice/Facility N	Jame.				
CNHN Practice Tax ID N					
Sanofi Pasteur Account I					
•	1011100.				
(Please complete one form	for EACH shi	ipping address.			
Ship to Address:			Bill to Address:	(if different)	
Address:			Address:		
City:	State:	7:n:	Cina	State	Zip:
Спу:	State:	Zip:	City:	State	Zip:
Phone:	Fax:		Phone:	Fax:	
	<u>l</u>				
CONTRACT DESIGNATION:					
	_	acility chooses	to use the Sanofi produ	ucts covered u	ınder the
Please be advised that this practice/facility chooses to use the Sanofi products covered under the Children's National Health Network-Sanofi contract referenced above. Please take steps necessary					
to insure we receive correct Children's National Health Network 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 Children's National Health Network, as per the					
terms of the agreement. All benefits previously available to me (such as Sanofi Pasteur/Aventis VIP					
program, IPAC, BOA, etc.) 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					
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 (Aventis) vaccines from this contract.					
2.) We will order Sanofi Pasteur vaccine products (DTaP, IPOL, HIB, Pentacel, Adacel & Menactra),					
where competing pro				_	
3.) Vaccine order volumes/ratios will be monitored for CNHN and individual practices.					
4.) Practices that do not	comply with t	hese contract	terms will be removed t	from this CNH	IN/Sanofi
contract.					
Signature:			Date:		
Signature:			Date:		
Print Name:			DEA/HIN#:		
Title:					

Please fax this completed form to Children's National Health Network @ 202-476-2399.

For assistance, please contact Donnita Pickett at CNHN: 202-476-2727 or dpickett@cnmc.org or your local Sanofi Pasteur Account Representative.