



Contract Designation Form Children's National Health Network / Sanofi Pasteur (Aventis)

CNHN Practice/Facility Name:	
CNHN 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 Pasteur 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 (Aventis) contract.

IMPORTANT CONTRACT TERMS:

To benefit from the Children's National Health Network - Sanofi Pasteur 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 (Aventis) IPV, DTaP and HIB vaccines in volume & proportions (based on current CDC/ACIP immunization schedule):
 - IPV (4 doses) : DTaP (5 doses) : HIB (4 doses)
- 3.) Vaccine order volumes/ratios will be monitored for CNHN and individual practices. Practices that do not comply with these contract terms will be removed from this CNHN/Sanofi Pasteur contract.

Signature:	Date:
Prin Name:	DEA/HIN#:
Title:	

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

For assistance, please contact Donnita Smith at CNHN: 202-476-2727 or dnsmith@cnmc.org or your local Sanofi Pasteur (Aventis) Account Representative.