

CCPA Purchasing Partners, L.P.
Vaccine Contracting & Compliance Form



After reviewing the compliance requirements and other contract information for Merck and Sanofi Pasteur outlined in CCPAPP's Vaccine Contracting Guide (www.ccpapp.org/vendor-partners/vaccine-forms/), my practice has opted to participate in the contract(s) below. **Please check only one option and sign/date the bottom of this page.**

Merck and Sanofi Pasteur Contracts: ☐

My practice intends to fully support CCPA Purchasing Partners' **Merck and Sanofi Pasteur** agreements by agreeing to purchase Merck's Hepatitis A (Vaqta), Hepatitis B (Recombivax HB), MMR (M-M-R II), Varicella (Varivax), HPV (Gardasil), Rotavirus (RotaTeq), and Pneumococcal (Pneumovax 23) vaccine products as needed. We also agree to purchase Polio, Pertussis, Hib, Meningococcal (Menactra), and Tdap (Adacel) vaccines from Sanofi Pasteur as needed. By selecting this option, my practice agrees not to purchase Merck's Comvax and Pedvax Hib, and/or GlaxoSmithKline's Infanrix, Havrix, Engerix-B, Boostrix, Kinrix, Twinrix, Hiberix, Cervarix, Rotarix, and Pediarix products, and/or Novartis' Menveo. It is understood that failure to comply with this contract's compliance may result in price increases, loss of administrative fees, and termination of my practice from this contract.

Please provide your Merck Account # _____ and your Sanofi Pasteur Customer # _____
Please also complete and return the Sanofi Pasteur General Information Form.

If you are not currently set up with a Merck Account and/or Sanofi Pasteur Account, please complete a Merck New Account Form and/or a Sanofi Pasteur New Customer Form and include with this page.

Merck Contract Only: ☐

My practice intends to fully support CCPA Purchasing Partners' **Merck** agreement by agreeing to purchase Merck's Hepatitis A (Vaqta), Hepatitis B (Recombivax HB), MMR (M-M-R II), Varicella (Varivax), HPV (Gardasil), Rotavirus (RotaTeq), HIB (PedvaxHib) and Pneumococcal (Pneumovax 23) vaccine products as needed. By selecting this option, my practice agrees not to purchase GlaxoSmithKline's Havrix, Engerix-B, Cervarix, Rotarix, Twinrix, Hiberix, and Pediarix products. It is understood that failure to meet contract compliance may result in price increases, loss of administrative fees, and/or termination of my practice from this contract.

Please provide your Merck Account # _____
If you are not currently set up with a Merck Account, please complete the Merck New Account Form and include it with this page.

Sanofi Pasteur Contract Only: ☐

My practice intends to fully support CCPA Purchasing Partners' **Sanofi Pasteur** agreement by agreeing to purchase Polio, Pertussis, Hib, Meningococcal (Menactra), and Tdap (Adacel) vaccines from Sanofi Pasteur as needed. By selecting this option, my practice agrees not to purchase Merck's Comvax and Pedvax Hib, and/or GlaxoSmithKline's Infanrix, Boostrix, Kinrix, Hiberix, and Pediarix products, and/or Novartis' Menveo. It is understood that failure to meet contract compliance may result in price increases, loss of administrative fees, and/or termination of my practice from this contract.

Please provide your Sanofi Pasteur Account # _____
Please also complete the Sanofi Pasteur General Information Form and include it with this page.
If you are not currently set up with a Sanofi Pasteur Account, please complete the Sanofi Pasteur New Customer Form and include it with this page.

None of the above: ☐

My practice will not be participating in any of the above vaccine agreements at this time. Should my practice choose to participate in CCPAPP's vaccine program at a later time, it is understood that a new Vaccine Compliance & Contracting form must be submitted.

On behalf of my practice, I understand and agree to the compliance terms listed for the contract option checked above. I also understand that the CCPAPP discounted pricing only applies to the contract(s) selected above. Pricing through another vaccine vendor is at the discretion of that vendor.

PLEASE FAX THIS FORM TO
312.227.9527

Practice Name _____

Authorizing Physician Name (Please Print) _____

Authorizing Physician Signature _____ Date _____

For questions or to obtain a Merck New Account Form,
a Sanofi Pasteur New Customer Form,
or a Sanofi Pasteur General Information Form,
please call Katrina Ilagan at 312.227.7442