

## DIRECT PURCHASE ACCOUNT (DPA) MODIFICATION FORM

Prescription Pharmaceutical and Vaccine Products Distributed by Merck Sharp & Dohme LLC ("Merck")

### INSTRUCTIONS FOR COMPLETION:

- For optimal processing and the quickest response, all modification requests should be submitted through your registered access via [www.MerckVaccines.com](http://www.MerckVaccines.com) or [www.MerckOrders.com](http://www.MerckOrders.com). This form should only be used if submitting your modification request online is NOT an option.
- Please complete the mandatory Modification Request Type section to request existing DPA change(s), as well as all other mandatory sections.
- Failure to complete mandatory/applicable sections may result in a delay in processing.
- Please note that a change in ownership will require completion of the DPA Application.
- Please keep a copy of this completed MODIFICATION FORM for your records.

**MODIFICATION REQUEST TYPE: (MANDATORY)** Mark with "X" the modification you require. Then fill in the information on the corresponding section number(s) on the following pages, or below for OTHER.

	<b>I. ADD SHIP-TO ADDRESS</b> *State License required
	<b>II. DELETE A SHIP-TO ADDRESS</b>
	<b>III. CHANGE (ONLY SHIP-TO)</b> *State License required (use if license change is required)
	<b>IV. CHANGE (ONLY BILL-TO)</b>
	<b>V. CHANGE (BILL-TO AND SHIP-TO)</b> *State License required
	<b>VI. CHANGE (INVOICE/ACCOUNT STATEMENT METHOD OF DELIVERY)</b>
	<b>VII. Deactivate/Close DPA</b>
	<b>OTHER:</b> Please explain the modification you would like to make:

This DPA Modification Form is NOT used for the following:

- Enrollment in a Purchasing Contract and/or Pricing Program for Merck products.
- Request for a new DPA.

<b>Email the completed &amp; signed DPA Modification Form:</b>	<b>MERCK REPRESENTATIVE INFO:</b>
<b>Send to:</b>	Name: _____
<b><a href="mailto:uscatdocumentation@merck.com">uscatdocumentation@merck.com</a></b>	Cell: _____
	Email: _____

### DPA INFORMATION (MANDATORY)

Merck Account Number:	Business Name:
Street Address:	Suite #:
City/State/Zip:	Business Website:
Contact Name:	Contact Title:
Phone Number: (     )                      Ext #:	
Email Address: (to receive confirmation when completed)	

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products                      1-877-829-6372                      [www.MerckVaccines.com](http://www.MerckVaccines.com)
- For Pharmaceutical products              1-800-637-2579                      [www.MerckOrders.com](http://www.MerckOrders.com)
- To submit a question online, go to [www.MerckVaccines.com](http://www.MerckVaccines.com) or [www.MerckOrders.com](http://www.MerckOrders.com) and click on the CONTACT US link.
- For information regarding Merck's Privacy Policy, go to [www.Merck.com/privacy](http://www.Merck.com/privacy)

## I. ADD A SHIPPING ADDRESS

Effective Date of Change:

SHIP-TO Location Business Name:

Street Address:

Suite #:

City/State/Zip:

Phone Number: (     )

Ext#:

Email Address:

Please list the hours that you **CAN accept** deliveries:

Can you comply with the following storage requirements for Merck products?

\*Controlled Refrigerated (2°C to 8°C/36°F to 46°F)      Yes      No

\*Controlled Frozen (-15°C/5°F or colder)      Yes      No

State License Number:

State:

License Type:

Name on License:

Expiration Date:

Do you participate in any purchasing contracts for Merck products through a Group Purchasing Organization (GPO), Physician Organization (PO), or on a Merck contract?

Yes      No

If "Yes," please list the contract name:

**NOTE:** Purchasing contract enrollment occurs at the location level. When adding a new location to an existing Merck Direct Purchase Account, this form **DOES NOT** serve as an enrollment submission for purchasing contracts for Merck products through a GPO, PO, or on a Merck contract. Please see below for enrollment procedures:

- GPO: Please contact a GPO to become a GPO member. Once a GPO member, enrollment can be submitted to Merck using My Merck Accounts ([www.merckaccounts.com](http://www.merckaccounts.com)) or by the GPO.
- PO: Please contact a PO administrator to enroll as a PO member and to gain access to a purchasing contract for Merck products.
- Merck Purchasing Contract: Use My Merck Accounts ([www.merckaccounts.com](http://www.merckaccounts.com)) to enroll in a purchasing contract for Merck products.

For questions related to Merck Contracts and Pricing Programs, contact the Merck Vaccine Customer Center for vaccines at 1-877-829-6372 or the Merck Order Management Center for prescription pharmaceuticals at 1-800-637-2579.

## II. DELETE A SHIP-TO ADDRESS

Effective Date of Change:

SHIP-TO Location Business Name to Delete:

Street Address:

Suite #:

City/State/Zip:

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- For Pharmaceutical products      1-800-637-2579      [www.MerckOrders.com](http://www.MerckOrders.com)
- To submit a question online, go to [www.MerckVaccines.com](http://www.MerckVaccines.com) or [www.MerckOrders.com](http://www.MerckOrders.com) and click on the CONTACT US link.
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### III. CHANGE SHIPPING ADDRESS (ONLY SHIP-TO)

Effective Date of Change:				
SHIP-TO Location Business Name†:			SHIP-TO Location Number (optional):	
Street Address:			Suite #:	
City/State/Zip:				
Phone Number: (    )		Ext#:		
Email Address:				
Please list the hours that you <b>CAN accept</b> deliveries:				
Can you comply with the following storage requirements for Merck products?				
*Controlled Refrigerated (2°C to 8°C/36°F to 46°F)		Yes	No	
*Controlled Frozen (-15°C/5°F or colder)		Yes	No	
State License Number:	State:	License Type :	Name on License:	Expiration Date:
If the Ship-To Location name has changed, please answer:				
*Is there a change in the ownership?		Yes	No	
*If "No," provide reason for name change here:				

**Please note that a change in ownership will require completion of the DPA Application Form.**

### IV. CHANGE BILLING ADDRESS (ONLY BILL-TO)

Effective Date of Change:	
BILL-TO Location Business Name:	BILL-TO Location Number (optional):
Street Address:	Suite #:
City/State/Zip:	
Phone Number: (    )	Ext#:
Email Address:	
If the Bill-To name has changed, please answer:	
* Is there a change in the ownership?	Yes      No
* If "No," provide reason for name change here:	

**Please note that a change in ownership will require completion of the DPA Application Form.**

†Please note: The shipping address provided cannot be a PO BOX, for delivery purposes.

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products      1-877-829-6372      [www.MerckVaccines.com](http://www.MerckVaccines.com)
- For Pharmaceutical products      1-800-637-2579      [www.MerckOrders.com](http://www.MerckOrders.com)
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## V. CHANGE BILLING & SHIPPING ADDRESS (BILL-TO AND SHIP-TO)

Effective Date of Change:

BILL-TO/SHIP-TO Location Business Name<sup>†</sup>:

BILL-TO/SHIP-TO Location Number (optional):

Street Address:

Suite #:

City/State/Zip:

Phone Number: (     )

Ext#:

Email Address:

Please list the hours that you **CAN accept** deliveries:

Can you comply with the following storage requirements for Merck products?

\* Controlled Refrigerated (2°C to 8°C/36°F to 46°F)      Yes      No

\* Controlled Frozen (-15°C/5°F or colder)      Yes      No

State License Number:

State:

License Type:

Business Name on License:

Expiration Date:

If the Bill-To & Ship-To Location name has changed, please answer:

\* Is there a change in the ownership?      Yes      No

\* If "No," provide reason for name change here:

<sup>†</sup>Please note: The shipping address provided cannot be a PO BOX, for delivery purposes.

## VI. CHANGE INVOICE/ACCOUNT STATEMENT METHOD OF DELIVERY

Unless indicated below, invoices and account statements will be sent to the email address indicated in Section IV and/or V.

Check here if you would like printed invoices mailed to the Accounts Payable contact and address in Section IV and/or V.

## VII. DEACTIVATE/CLOSE DIRECT PURCHASE ACCOUNT (DPA)

You are acting as an Authorized Representative of the DPA and know you may choose to reactive your account at any future point.

Check here if you would like to Deactivate and/or Close your DPA effective immediately.

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- For Pharmaceutical products      1-800-637-2579      [www.MerckOrders.com](http://www.MerckOrders.com)
- To submit a question online, go to [www.MerckVaccines.com](http://www.MerckVaccines.com) or [www.MerckOrders.com](http://www.MerckOrders.com) and click on the CONTACT US link.
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## SIGNATURE (MANDATORY)

I affirm that all the information provided and the statements made on this application are true and accurate to the best of my knowledge. I agree to abide by all State and Federal laws regarding pharmaceutical and vaccine products. I understand that falsification of information provided may result in the rejection of this application or termination of a DPA with Merck. Providing your electronic signature has the same legal force and effect as a handwritten signature and thereby indicates your acceptance on behalf of the Eligible Facility(ies).

Signature of Authorized Representative

Print Name and Title

Date

Please email the completed Direct Purchase Account Modification Form (inclusive of all pages) and, if applicable, the Multiple Location Workbook to: [uscatdocumentation@merck.com](mailto:uscatdocumentation@merck.com)

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products 1-877-829-6372 [www.MerckVaccines.com](http://www.MerckVaccines.com)
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- To submit a question online, go to [www.MerckVaccines.com](http://www.MerckVaccines.com) or [www.MerckOrders.com](http://www.MerckOrders.com) and click on the CONTACT US link.
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