



Vendor Consideration Form

<i>Company Name:</i>						
<i>Address:</i>						
<i>Ownership (indicate with "X"):</i>	<input type="checkbox"/>	<i>Private</i>	<input type="checkbox"/>	<i>Public</i>	<i>Stock Exchange</i>	
					<i>Symbol</i>	
<i>Phone:</i>				<i>Toll Free:</i>		
<i>Fax:</i>						
<i>Website Address:</i>						
<i>Form Completed by:</i>	<i>Name</i>					
	<i>Title</i>					
	<i>Contact #</i>					
	<i>Email Address</i>					

<i>Personnel</i>			
<i>Number of Employees:</i>			
<i>Top Three Company Employees</i>	<i>Name</i>	<i>Title</i>	<i>Years with Company</i>
<i>Contact for Sales</i>	<i>Name</i>		
	<i>Title</i>		
	<i>Contact # (s)</i>		
	<i>Email Address</i>		
<i>Contact for National Accounts</i>	<i>Name</i>		
	<i>Title</i>		
	<i>Contact # (s)</i>		
	<i>Email Address</i>		

<i>References</i>		
<i>Hospital</i>	<i>Contact Name / Title</i>	<i>Contact Number</i>

List your company's top three products / services:

Your Product/Service		Major Competitor	
Product/Service Name	Generic Description	Product/Service Name	Manufacturer / Service Provider

What percentage of your business is

Direct?		%	Through Distribution?		%
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If applicable, name the major distributors you work with:

GPO Relationships:

<input type="checkbox"/>	Premier	
<input type="checkbox"/>	Med Assets	
<input type="checkbox"/>	Novation	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	

Please indicate below any and all areas where your products/services are utilized:

Acute Care (Hospital)

- Administration
- Anesthesia
- Emergency Room / Trauma Center
- Food Service
- General Nursing Units
- Housekeeping / Environmental Services
- ICU / CCU
- Laboratory
- Maternity / Women's Health / Nursery / NICU
- Operating Room / Outpatient Surgery
- Pediatrics
- Physical Medicine / Rehabilitation Therapy
- Pulmonary Medicine / Inhalation Therapy
- Radiology
- Other Departments:

Non-Acute

- Ambulatory Care Centers
- Assisted Living Centers
- Blood Bank, "Free Standing"
- Clinics, "Free Standing"
- Dialysis Centers
- Home Health Agency / VNA
- Imaging Center
- Independent Pharmacy
- Long Term Care Facility
- Nursing Home
- Outpatient Rehabilitation
- Outpatient Surgery Centers "Free Standing"
- Physician Offices
- Sub-Acute Care Facility
- Other Healthcare Settings: