



New Supplier Information Questionnaire

Supplier understands that Amerinet will rely on the representations made by the supplier in this document when considering contracting opportunities.

Supplier understands that submission of a completed questionnaire does not mean that the supplier will necessarily be included in the bidding process or receive a contract award.

Make sure you fill in ALL areas of the form (unless noted). An incomplete questionnaire may jeopardize your ability to participate in the RFP process.

COMPANY AND CONTACT INFORMATION	DATE OF SUBMISSION:
Company Name	
Company Address	
Company City, State & Zip	
Web Address	
Contact	
Title	
E-Mail	
Phone	
Fax	

<p>Please indicate if your company is a manufacturer or distributor.</p>	<p><input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Distributor</p>
<p>Please state specifically which product/service lines you wish to present to Amerinet for consideration.</p>	
<p>Does your product have approval from all federal, state and local regulatory agencies in geographies currently serviced by Amerinet? This includes all FDA and OSHA. If applicable, are all ingredients and final products tested regularly by chemical assay, sterility testing, biologically and/or physiologically as required by the FDA and do comply with the most recent USP or NF requirement or better?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please list and explain any voluntary and mandated recalls of products manufactured or distributed by your company which have been initiated in the past 3 years.</p>	

COMPANY DETAIL

Is your business/company a certified Historically Underutilized Business (HUB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have contracts with any other Group Purchasing Organizations (GPOs)? If so, which one(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list your company's competitors within the specific product line that you wish to present to Amerinet.	
Has your company been the subject of any regulatory, administrative, or judicial action, sanction, prosecution, or preceding that would affect your ability to supply products or services to Amerinet members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company been excluded from participation in Medicare, Medicaid, or any state reimbursement programs? If yes to any of these, please expound.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The non-acute market is very important to Amerinet. Describe how your company recognizes the non-acute market (physician clinic, ambulatory care center, long term care, surgery center, emergency services). Will your company provide contract pricing and service to both acute and non-acute members equally, with no service or price disparity? Please expound.	
What is the total U.S. market share of your organization versus each of your competitors within the respective product category or categories of this agreement?	
Identify the geographical area the company services. If it differs by product line, state the geographic area served for the specific product lines presented to Amerinet.	

DISTRIBUTION

How does your company provide service and products?

- Directly to Customer
- Distributor Network
- Direct and Distribution

Identify the major national and regional distributors you utilize and what percentage of your products shipped to each distributor?

MARKETING & SALES

Briefly discuss marketing efforts for your company's product lines.

What is the size of the company sales force along with the percentage of the sales force dedicated to each product line? Please indicate if your field and telephone sales force consists of the same individuals and if not, describe your telephone sales force.

Can the company demonstrate the technical merit of its products through published studies, proven sales history, references from Amerinet membership, or any other means?

Describe what you consider as your distinct advantage over your competition. How is this approach different from that of the competition?

Briefly explain how contracting with your company would help meet the patient care needs of Amerinet's members.

Please submit your completed questionnaire to the applicable department contact listed below:

Executive Resources & Office Solutions

paula.thomson@amerinet-gpo.com

Laboratory & Diagnostic Imaging

debbie.grams@amerinet-gpo.com

Medical/Surgical

stefani.saey@amerinet-gpo.com

Nutrition & Facility Services

debbie.grams@amerinet-gpo.com

Plant Engineering

debbie.grams@amerinet-gpo.com

Pharmacy

stefani.saey@amerinet-gpo.com