



Date: _____

Facility Name _____

Address _____

City, State, Zip Code _____

Attn: _____

DEA: _____ HIN: _____

RE: Baxter Healthcare Corporation, Anesthesia Critical Care

GPO DECLARATION LETTER

In order to comply with contract requirements and insure proper pricing when placing orders, it is Baxter Healthcare Corporation, Anesthesia Critical Care's policy that you purchase their products through **one buying group** contract. Therefore, you must complete the following form and return it immediately.

Please indicate below the wholesaler you use to purchase Baxter Anesthesia Critical Care products if applicable. If a wholesaler is not designated, Baxter Anesthesia & Critical Care will not be responsible for any price adjustments that may be required since the information was not supplied.

Please return your signed declaration form immediately to Renal Purchasing Group Attn: Contracts via fax at (615) 301-5965

Sincerely,

Renal Purchasing Group

This declaration letter supersedes any previously signed contract participation agreement from another buying group.

(Facility Name) agrees that Baxter Anesthesia Critical Care may remove our facility from _____ (Buying Group Name) effective _____.

(Facility Name) has declared **RPG** as the primary buying group that we will be utilizing to purchase all Baxter Anesthesia Critical Care pharmacy products effective _____.

Please list all affiliated "ship to" locations included in this declaration.

Primary Wholesalers: _____

Signature

Date

Print Name & Title

Baxter ID: _____

DEA: _____