

**Exhibit C  
AstraZeneca  
Group Purchasing Organization  
Declaration Form**

To comply with the AstraZeneca Single Dedication Policy, please accept this declaration that

\_\_\_\_\_  
(Facility Name)

("Facility") is declaring \_\_\_\_\_  
(Group Purchasing Organization & Sub-group, if applicable)  
as the exclusive Group Purchasing Organization ("GPO") for contract eligibility with AstraZeneca.

This document will serve as written confirmation of the exclusive GPO of choice by Facility, and will remain in effect and on file until further written confirmation of a change has been received and approved by AstraZeneca. AstraZeneca, as referred to herein, shall mean AstraZeneca Pharmaceuticals LP ("AZPLP") for all products identified by an AZPLP product code, labeler code or NDC number, and AstraZeneca LP ("AZLP") for all products identified by an AZLP product code, labeler code or NDC number. AZLP is a sales agent for AZPLP and has authority to act for AZPLP in connection with the sales of AZPLP products. The undersigned agrees to permit AstraZeneca to audit from time-to-time, on reasonable notice and during normal business hours, all books and records of the undersigned related to any AstraZeneca products purchased by the undersigned. The undersigned certifies on behalf of Facility that all data submitted by Facility to the exclusive GPO of choice or to AstraZeneca for chargebacks and other reimbursements relating to purchases by Facility under the AstraZeneca contract with the exclusive GPO of choice must be data originating from purchases of U. S AstraZeneca product bearing an AstraZeneca 11 digit National Drug Code, as assigned by the U.S. Food and Drug Administration. In addition, all applicable federal and state laws must be adhered to. The undersigned also certifies on behalf of Facility that (i) Facility's pharmacy(ies) that dispenses AstraZeneca products that are the subject of the Agreement between AstraZeneca and the exclusive GPO of choice are located, licensed and registered within the United States of America; (ii) AstraZeneca products purchased under the AstraZeneca contract with the exclusive GPO of choice are for its "own use," and no products purchased under the AstraZeneca contract with the exclusive GPO of choice may be commercially resold or redistributed to any other entity or person. Sales and/or redistribution of said products to any other type of entity, account or third party will be a violation of such contract and, in addition to pursuing any other remedies that AstraZeneca may have available at law or equity, AstraZeneca may terminate your right to receive products and/or reimbursements under said contract.

\_\_\_\_\_  
(Signature of Director of Pharmacy) (Date)

\_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Job Title)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Effective Date)

\_\_\_\_\_  
(DEA #)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(HIN#)

\_\_\_\_\_  
(Fax #)

\_\_\_\_\_  
(e-mail address – if available)

AstraZeneca Purposes Only		
DEA/HIN#: _____	CID#: _____	Received: _____
Current Dedication: _____	Entered By: _____	

**Please return completed form to: Contract Operations Membership Department  
AstraZeneca, 1800 Concord Pike, Rollins Bldg.  
Wilmington, DE 19803  
Fax: (302) 886-4338**