All items on this agenda, including but not limited to any agenda item concerning the adoption of any ordinance, resolution, contract, agreement, or any other item of business, are subject to amendment, including additions and/or deletions. This rule will apply to every individual agenda item without exception, and without providing this same amendment language with respect to each individual agenda item. Such amendments should be rationally related to the topic of the agenda item, or the governing body will be advised to continue the item.

The governing body may adopt, approve, ratify, deny, defer, recommend, amend, strike, or continue any agenda item. When more information is needed to act on an item, the governing body may refer the matter to its City/Trust Manager, staff, attorney or to the recommending board, commission, or committee.

(All items listed under the Consent Agenda Items are deemed to be non-controversial and routine in nature by the Board of Trustees. The following items will not be discussed but will be approved by one motion of the Board of Trustees unless any Board member desires to discuss an item, at which time it will then be removed and thus placed as a Regular Agenda Item for consideration and approval on this Agenda. The Consent Agenda Items consists of the following items)

PUBLIC NOTICE OF A SPECIAL MEETING
OF THE HOSPITAL AUTHORITY
WEDNESDAY, DECEMBER 3, 2025 AT 12:00 PM
CLINTON REGIONAL HOSPITAL - WEICHEL ROOM

AMENDED AGENDA

Source listing: 12/03/2025 Hospital
Original source: http://agendas.clintonok.gov/2025/120325hospital/CHA120325amended.htm

1. CALL TO ORDER

2. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

    A. Approval of Minutes 11/19/2025 Special Meeting

    B. 2026 Meeting Dates

3. BUSINESS ITEMS (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. PSO Energy Rebates for Lighting Fixtures and Bulbs in Designated Areas of the Hospital Property

    B. Approval of the Agreement with Premier Inc. and Alliant Purchasing for the Purchasing of Supplies.

4. FINANCIAL REPORT (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

    A. Accounts Payable/Invoices to be Paid

    B. Revenue Cycle Management/Month to Date Billed

    C. Accounts Receivable

D. Request to the City of Clinton and to the Public Works Authority for Funding to Meet Payroll or Specific Accounts Payable Needs.

5. MEDICAL STAFF (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

6. COMMITTEE REPORTING (DISCUSSION, CONSIDERATION, AND POSSIBLE ACTION REGARDING):

7. NEW BUSINESS (If any, Pursuant to Section 311.9 of the Oklahoma Open Meeting Act)

8. TRUSTEE COMMENTS

9. CHIEF EXECUTIVE OFFICER COMMENTS

10. ADJOURN

~~File this 1 ST day of December 2025 and posted on the bulletin board at Clinton City Hall and on the front door of the Clinton Regional Hospital on December 1, 2025, at 11:00 a.m.~~

Amended Agenda filed this 2 nd day of December 2025 and posted on the bulletin board at the Clinton City Hall and on the front door of the Clinton Regional Hospital on December 2, 2025, at 9:30 a.m.

2026 CALENDAR YEAR
CLINTON HOSPITAL AUTHORITY
CLINTON REGIONAL HOSPITAL
OF THE
CITY OF CLINTON

DATE	TIME	PLACE OF MEETING
January 14, 2026	12:00 P.M.	Weichel Conference Center, CRH
January 28, 2026	12:00 P.M.	Weichel Conference Center, CRH
February 11, 2026	12:00 P.M	Weichel Conference Center, CRH
February 25, 2026	12:00 P.M.	Weichel Conference Center, CRH
March 11, 2026	12:00 P.M.	Weichel Conference Center, CRH
March 25, 2026	12:00 P.M.	Weichel Conference Center, CRH
April1 8, 2026	12:00 P.M.	Weichel Conference Center, CRH
April 22, 2026	12:00 P.M.	Weichel Conference Center, CRH
May 13, 2026	12:00 P.M.	Weichel Conference Center, CRH
May 27, 2026	12:00 P.M.	Weichel Conference Center, CRH
June 10, 2026	12:00 P.M.	Weichel Conference Center, CRH
June 24, 2026	12:00 P.M.	Weichel Conference Center, CRH
July 8, 2026	12:00 P.M.	Weichel Conference Center, CRH
July 22, 2026	12:00 P.M.	Weichel Conference Center, CRH
August 12, 2026	12:00 P.M.	Weichel Conference Center, CRH
August 26, 2026	12:00 P.M.	Weichel Conference Center, CRH
September 9, 2026	12:00 P.M.	Weichel Conference Center, CRH
September 23, 2026	12:00 P.M.	Weichel Conference Center, CRH
October 14, 2026	12:00 P.M.	Weichel Conference Center, CRH
October 28, 2026	12:00 P.M.	Weichel Conference Center, CRH
November 11, 2026	12:00 P.M.	Weichel Conference Center, CRH**
November 25, 2026	12:00 P.M.	Weichel Conference Center, CRH
December 9, 2026	12:00 P.M.	Weichel Conference Center, CRH
December 23, 2026**	12:00 P.M.	Weichel Conference Center, CRH

** This meeting is on a Holiday.

Robert Johnston, City Manager
415 Gary Boulevard
P.O. Box 1177
Clinton, OK 73601
580-323-0217

Filed in the office of the City Clerk at _____ a.m. On _____, 2025.

_____
Amy E. Jones, City Clerk

CLINTON REGIONAL HOSPITAL/PHYS BLDG	$ Cost of Material	PSO Double Rebate $	Voss Invoice $	Estimated PSO Bill Savings	Payback in Energy Savings	Hours of Operation
11/25/2025						
ZONE 1 Radiology/CT/HR	$13,387.00	$6,207.00	$7,180.00	$4,000.00	2 1/2 Years	
ZONE 6 Mechanical/linen/Materials Management	$610.00	$442.00	$168.00	$300.00	9 months	
ZONE 11 Hall exam 1,2,/Oncology/	$5,712.00	$3,392.00	$2,320.00	$1,600.00	for material	
ZONE 17 Entrance/ER/Admissions/	$8,017.00	$3,639.00	$4,378.00	$2,500.00	2 1/2 years	
			$14,046.00			
Zone 7 Kitchen/Hall/Dining/Office/Clinical Lab	$9,294.00	$6,840.00	$2,454.00	$3,500.00		
			$2,454.00			
ZONE 12 Physician Bldg (all other areas)	$6,688.00	$4,160.00	$2,528.00	$2,000.00	2 years	based on 7-6 / 7 days week
ZONE 12 Western Plains Mann/Simmons	$3,972.00	$2,240.00	$1,732.00	$500.00		
			$4,260.00			
totals	$47,680.00	$26,920.00	$20,760.00	$14,400.00		

VOSS
LIGHTING • DESIGN • SERVICES
721 N ANN ARBOR AVE;
OKLAHOMA CITY OK 73127-5822
Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 1
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

Product	Quantity	Price	Subtotal
1. 2DSRT 4060LCS 4 UNV DIM (2x4)	159	$82.00 (ea)	$13,038.00
2. PSO double instant rebate	149	-$40.00 (ea)	-$5,960.00
3. 14.5T8 CNG 48-840 MF17G	16	$6.00 (ea)	$96.00
4. PSO double instant rebate	16	-$6.00 (ea)	-$96.00
5. RPLBIMAX 4F 48W 40K WC (restroom)	1	$100.00 (ea)	$100.00
6. PSO double instant rebate	1	-$100.00 (ea)	-$100.00
7. 65-597R1 (2x4 surface mount kit)	3	$34.00 (ea)	$102.00

Total:
$7,180.00
* Does not include taxes

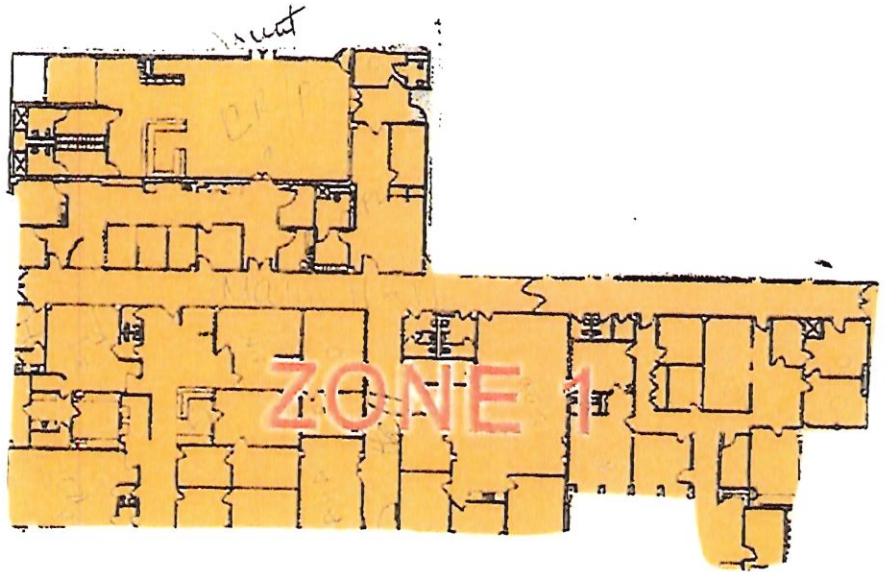
Radiology / CT / HR

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

PRICE INCREASES - This quote is based upon current prices and is valid only until the next factory increase. Customers are urged to confirm the prices on this quote prior to placing an order. NON-STOCK ITEMS - Some items that we offer are not stocked in our warehouse and are ordered from our suppliers as needed. While we make these items available to our customers as one of our many value-added services, such items are 'special order' and normally considered non-returnable. DELIVERY DATES - Voss Lighting will do everything within our control to process and expedite your order. However, we cannot always guarantee a delivery date or be held responsible for production or delivery issues beyond our control. ORDER CANCELLATIONS - Special order items can be cancelled as long as the item has not been shipped and/or was not manufactured specifically for the customer. The customer may also be liable for any additional cancellation fee or restocking charge should one be required by the manufacturer.

MH = Main Hall
L = Lab
AHA = Lab Air Handler
NM = Nuc Med Room
D = Desk
R1 = xray room 1
R2 = xray room 2
I = I+ closet
CR/PT = Air unit on roof
C = Carries

- Lab "2" refrigerators



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LIGHTING • DESIGN • SERVICES
721 N ANN ARBOR AVE;
OKLAHOMA CITY OK 73127-5822
Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 6
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

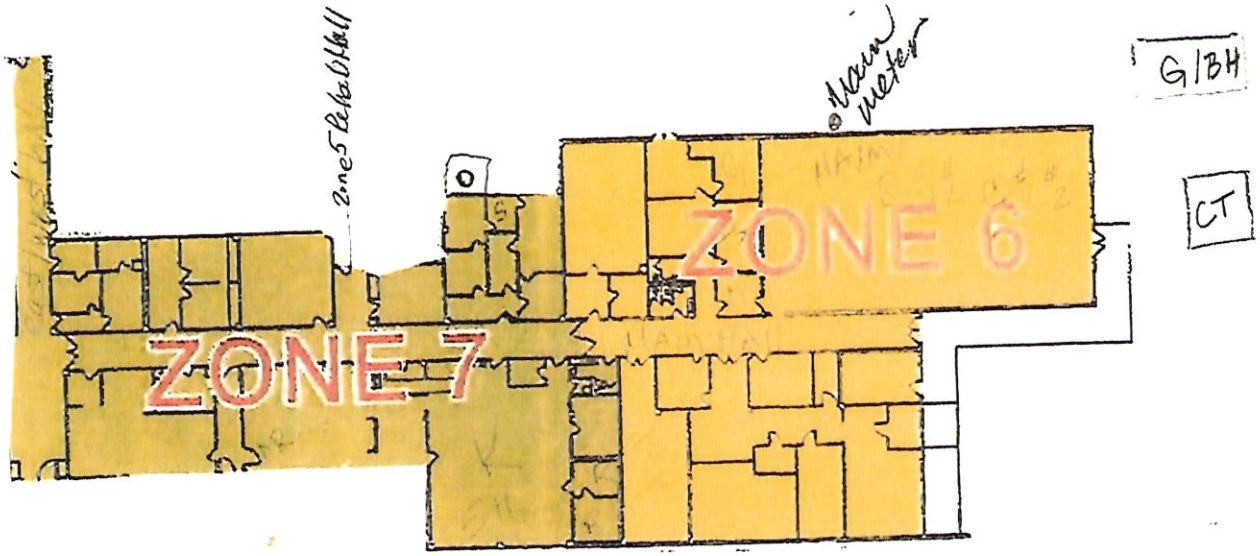
	Product	Quantity	Price	Subtotal
1.	2DSRT 4060LCS 4 UNV DIM (2x4)	4	$82.00 (ea)	$328.00
2.	PSO double instant rebate	4	-$40.00 (ea)	-$160.00
3.	14.5T8 LED 48-840 MF 17	47	$6.00 (ea)	$282.00
4.	PSO double instant rebate	47	-$6.00 (ea)	-$282.00

Total:
$168.00
* Does not include taxes

Mechanical / Linen / Materials Management

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

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C #1 + #2 - Chiller
B #1 + #2 = Boiler
G/BH = garage + Bio haz
CT = Cooling tower
FP = fire panel Room
TS = Transfer switch room
G = Generator
AHA = Air Handler Materials
F = Freezer
R = Refrigerator
K = Kitchen
S = server room
O = Outside unit for server room
MA = Medical air
MV = Medical vacuum
EH - Exhaust hood Kitchen
2 - Air compressor
several pumps/motors
"7" total/various sizes

→ Wisdom Refrigeration → Brent for the walk in freezer

Refridgeration =>

wisdomdustinw@gmail.com
walkin (custom)
5807150516
dustin

VOSS
LIGHTING • DESIGN • SERVICES
721 N ANN ARBOR AVE;
OKLAHOMA CITY OK 73127-5822
Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 11
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

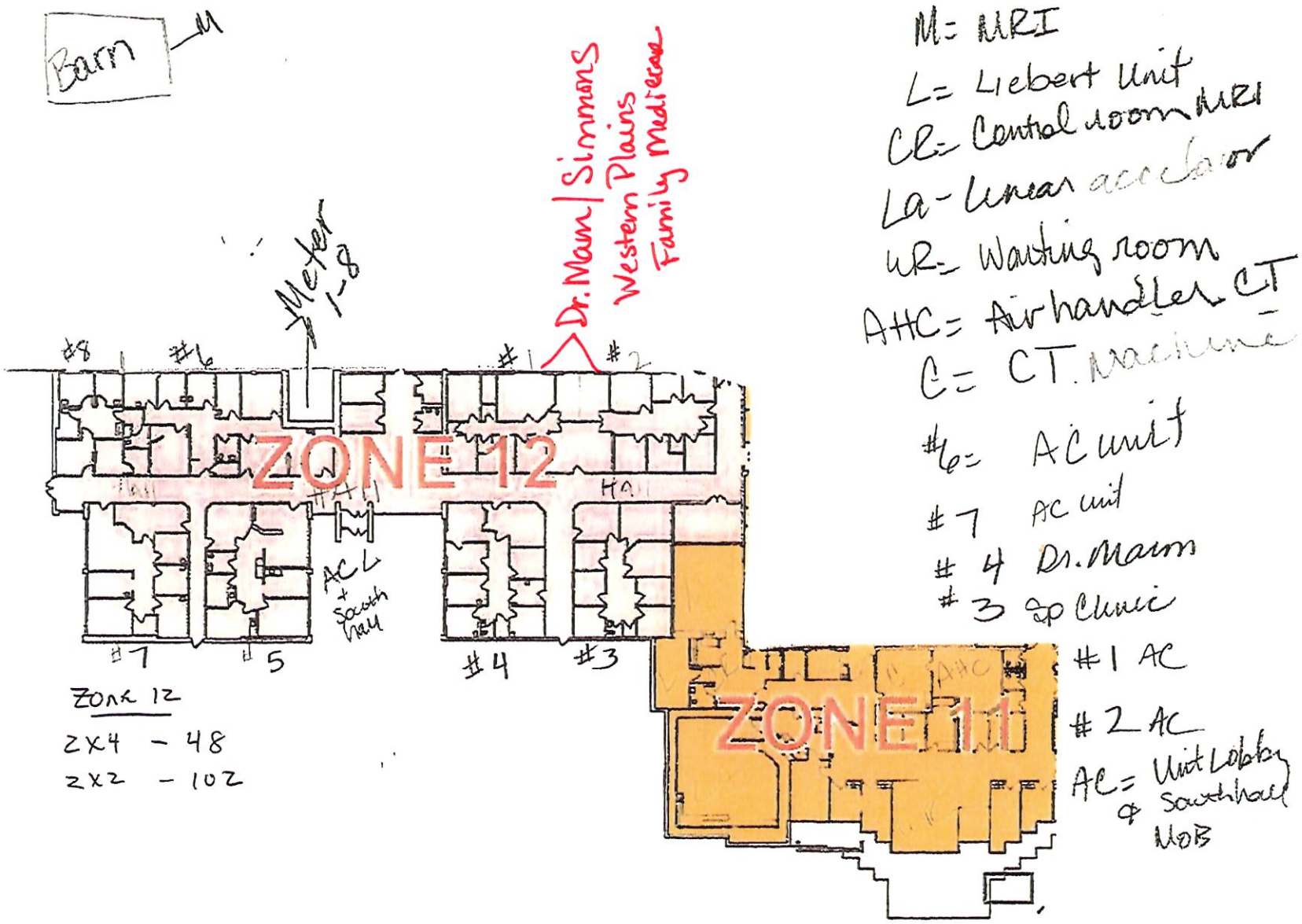
Product	Quantity	Price	Subtotal
1. 2DSRT 4060LCS 4 UNV DIM (2x4)	28	$82.00 (ea)	$2,296.00
2. PSO double instant rebate	28	-$40.00 (ea)	-$1,120.00
3. 14.5T8 LED 48-840 MF 17	32	$6.00 (ea)	$192.00
4. PSO double instant rebate	32	-$6.00 (ea)	-$192.00
5. 2DSRT 3050LCS 2 UNV DIM (2x2)	52	$62.00 (ea)	$3,224.00
6. PSO double instant rebate	52	-$40.00 (ea)	-$2,080.00

Total:
$2,320.00
* Does not include taxes

Hall / Exam 1+2 / Oncology

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

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Barn
Meter 1-8
Dr. Mann / Simmons Western Plains Family Medicine
#8
#6
#1
#2
ZONE 12
#7
#5
AC L + South hall
#4
#3
ZONE 11
M= MRI
L= Liebert Unit
CR= Central room MRI
LA- Linear accelerator
WR= Waiting room
AHC= Air handler CT
C= CT machine
#6= AC unit
#7 AC unit
#4 Dr. Mann
#3 Sp Clinic
#1 AC
#2 AC
AC= Unit Lobby & South hall MOB
ZONE 12
2x4 - 48
2x2 - 102

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LIGHTING • DESIGN • SERVICES
721 N ANN ARBOR AVE;
OKLAHOMA CITY OK 73127-5822
Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 17
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

Product	Quantity	Price	Subtotal
1. 2DSRT 4060LCS 4 UNV DIM (2x4)	90	$82.00 (ea)	$7,380.00
2. PSO double instant rebate	90	-$40.00 (ea)	-$3,600.00
3. 2DSRT 3050LCS 2 UNV DIM (2x2)	1	$62.00 (ea)	$62.00
4. PSO double instant rebate	1	-$40.00 (ea)	-$40.00
5. CR8RLMCCT (8 inch cans) admin /ER office	12	$48.00 (ea)	$576.00

Total:
$4,378.00
* Does not include taxes

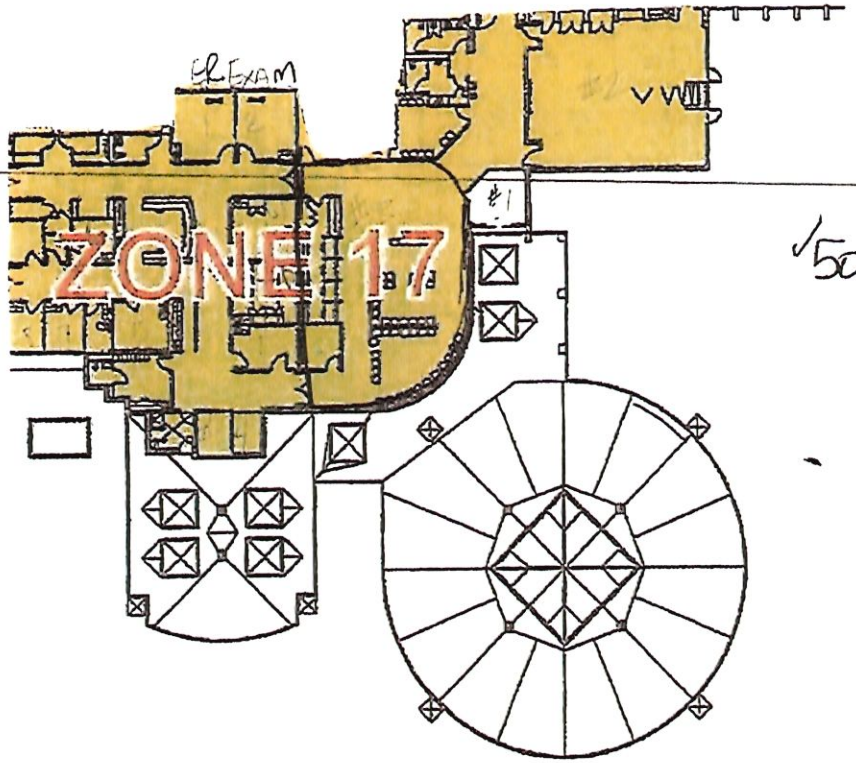
Entrance / ER / Admissions

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

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1. front entrance
2. Weichel Conf. Center
3. Admissions
4. ER Baydoors

ER EXAM.
#1 -
#2.
#3 - Trauma
#4 -
#T = triage



50 ton Trane over ER/Adm

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721 N ANN ARBOR AVE;
OKLAHOMA CITY OK 73127-5822
Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 7 revised add clinical lab
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

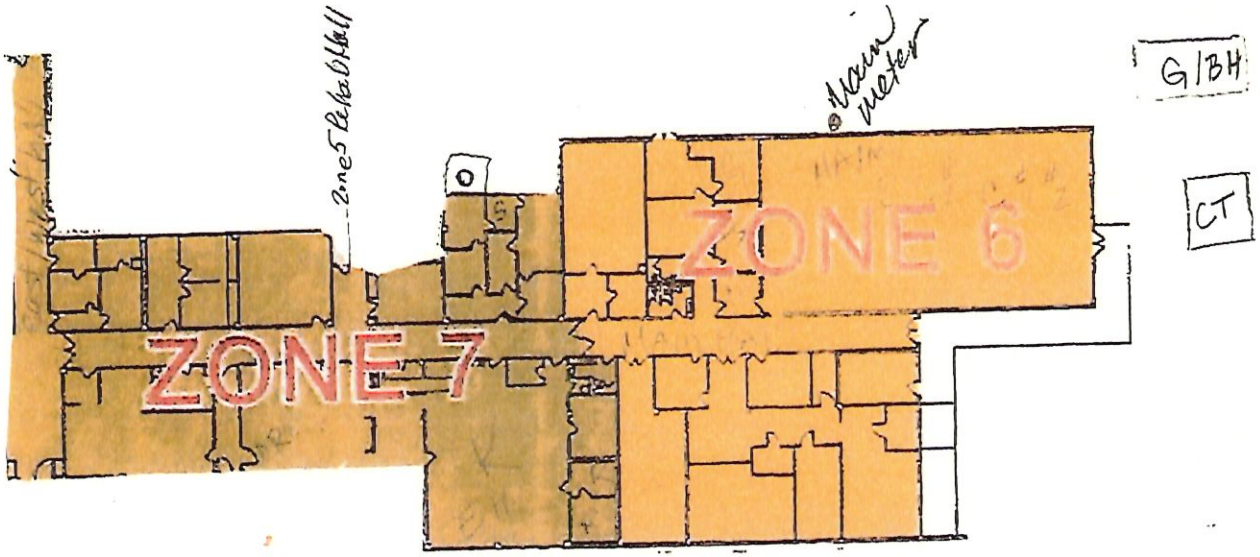
Product	Quantity	Price	Subtotal
1. 2DSRT 4060LCS 4 UNV DIM (2x4)	49	$82.00 (ea)	$4,018.00
2. PSO double instant rebate	49	-$40.00 (ea)	-$1,960.00
3. 2DSRT 3050LCS 2 UNV DIM (2x2)	18	$62.00 (ea)	$1,116.00
4. PSO double instant rebate	18	-$40.00 (ea)	-$720.00
5. 14.5T8 CNG 48-840 MF17G	60	$6.00 (ea)	$360.00
6. PSO double instant rebate	60	-$6.00 (ea)	-$360.00
7. RPLBIMAX 4F 48W 40K WC (kitchen)	38	$100.00 (ea)	$3,800.00
8. PSO double instant rebate	38	-$100.00 (ea)	-$3,800.00

Total:
$2,454.00
* Does not include taxes

Kitchen / Hall / Dining / Offici / Clinical Lab

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

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C #1 + #2 - Chiller
B #1 + #2 = Boiler
G/BH = garage + Bio haz
CT = Cooling tower
FP = fire panel Room
TS = Transfer switch room
G = Generator
AHA = Air Handler Materials
F = Freezer
R = Refrigerator
K = Kitchen
S = server room
O = Outside unit for server room
MA = Medical air
MV = Medical vacuum
EH - Exhaust hood Kitchen
2 - Air compressor
several pumps/motors
"7" total various sizes

→ Wisdom Refrigeration → Brent for the walk in freezer

Refrigeration →

wisdomdustinw@gmail.com
walkin (custom) ..
580 715 0516
dustin

VOSS LIGHTING • DESIGN • SERVICES
721 N ANN ARBOR AVE;
OKLAHOMA CITY OK 73127-5822
Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 12 (Western plains Medical)
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

Product	Quantity	Price	Subtotal
1. 2DSRT 4060LCS 4 UNV DIM (2x4)	36	$82.00 (ea)	$2,952.00
2. PSO double instant rebate	36	-$40.00 (ea)	-$1,440.00
3. 2DSRT 3050LCS 2 UNV DIM (2x2)	10	$62.00 (ea)	$620.00
4. PSO double instant rebate	10	-$40.00 (ea)	-$400.00
5. RP LBIMAX 4F 48W 40K WC	4	$100.00 (ea)	$400.00
6. PSO double instant rebate	4	-$100.00 (ea)	-$400.00

Lowest quote —

Fixtures 1,732.00*+
Install 1,900.00 +
002
3,632.00 *

Total:
$1,732.00
* Does not include taxes

Dr. Mann / Jessica Simmons

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

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JEFF BAILEY ELECTRIC, LLC

3303 Custer Ave
Clinton, OK 73601

Estimate

Date	Estimate #
11/26/2025	350

Name / Address
Clinton Regional Hospital PO Box 1177 Clinton, OK 73601

Project

Description	Qty	Rate	Total
Bid to repair or replace fixtures in Zone 12. Fixtures will be supplied by Voss lighting including: 36 - 2x4 fixtures 10 - 2x2 fixtures 4 - 48" LED fixtures		1,900.00	1,900.00

Subtotal	$1,900.00
Sales Tax (0.0%)	$0.00
Total	$1,900.00

Burden Electric, LLC

1900 Walton Road
Clinton, Oklahoma 73601
580-214-1450
jburden.electric@gmail.com

RECIPIENT:

Clinton Regional Hospital

100 North 30th Street
Clinton, Oklahoma 73601

Estimate #71	
Sent on	Nov 25, 2025
Total	**$2,700.00**

Product/Service	Description	Total
Estimate to replace lighting in office	Replace 36 - 2ft by 4ft lay-in light fixtures 10 - 2ft by 2ft lay-in light fixtures 4 - bathroom vanity lights	$2,700.00

Total **$2,700.00**

This quote is valid for the next 30 days, after which values may be subject to change.

VOSS
LIGHTING • DESIGN • SERVICES
721 N ANN ARBOR AVE;
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Phone: (405) 949-1919
Fax: (405) 942-2369

Quote

Project: ZONE 12 revised minus Western plains
Customer: Clinton Hospitol
Contact: Amy Jones

Date: 11/24/2025
Expires: 12/24/2025

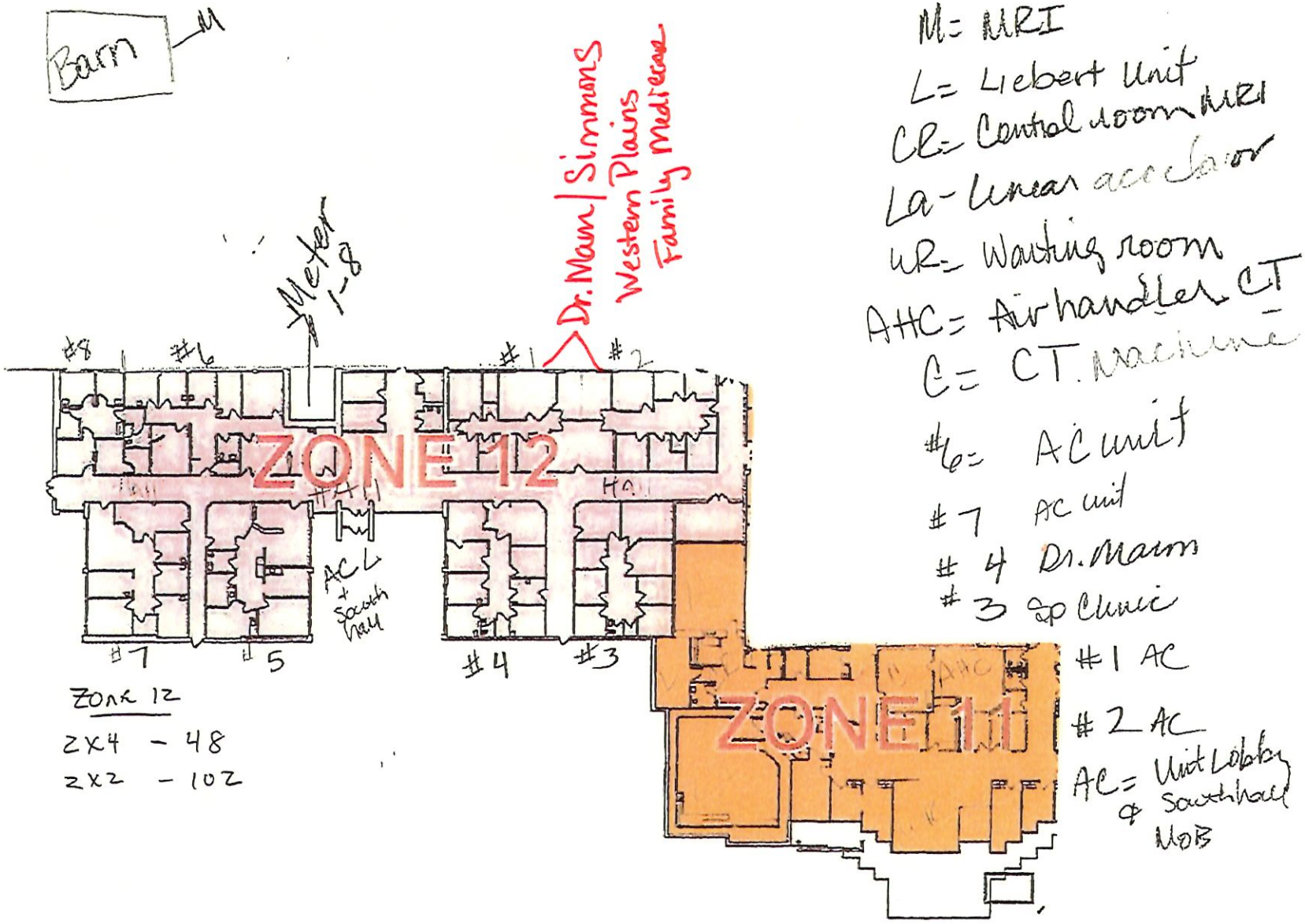
	Product	Quantity	Price	Subtotal
1.	2DSRT 4060LCS 4 UNV DIM (2x4)	12	$82.00 (ea)	$984.00
2.	PSO double instant rebate	12	-$40.00 (ea)	-$480.00
3.	2DSRT 3050LCS 2 UNV DIM (2x2)	92	$62.00 (ea)	$5,704.00
4.	PSO double instant rebate	92	-$40.00 (ea)	-$3,680.00

Total:
$2,528.00
* Does not include taxes

Physician Building / Medical Office Bldg

Salesrep
Forrest Mcgee
forrest.mcgee@vosslighting.com

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M = MRI
L = Liebert Unit
CR = Control room MRI
LA - Linear accelerator
WR = Waiting room
AHC = Air handler CT
C = CT. Machine
#6 = AC unit
#7 AC unit
#4 Dr. Mann
#3 Sp Clinic

ZONE 12

2X4 - 48
2X2 - 102

- **Premier, Inc.:**
    - One of the largest healthcare GPOs in the U.S.
    - Provides national contracts, supply chain solutions, and data analytics to hospitals and healthcare providers.
- **Alliant Purchasing LLC:**
    - Independent GPO based in Louisville, Kentucky.
    - Serves healthcare, hospitality, and business sectors.
    - Focuses on regional and niche member needs.
- **Partnership Structure:**
    - Alliant is listed as a **Premier affiliate partner**.
    - This allows Alliant members to access Premier's extensive contract portfolio and supply chain programs.
    - Alliant adds value by tailoring Premier's offerings to smaller facilities, rural hospitals, and non-healthcare businesses.
    - Premier benefits by expanding its reach through Alliant's network of members
    - **Not a parent/child relationship:** Premier does not own Alliant; they collaborate through affiliation.
    - **Expanded access:** Alliant members gain the advantage of Premier's national scale while keeping the flexibility of a smaller GPO.
    - **Industry norm:** Many regional GPOs affiliate with larger national organizations like Premier or Vizient to maximize purchasing leverage.

Premier provides the national scale, Alliant provides regional specialization, and their partnership ensures members benefit from both.

✅ **In short:** Alliant and Premier work together through an **affiliate partnership**, where Alliant's members benefit from Premier's national contracts and supply chain programs, but Alliant remains an independent organization.

An affiliate partner is an individual or entity that forms a mutually beneficial relationship with a business to promote its products or services in exchange for a monetary reward, such as commissions or bonuses. They drive traffic to the company's offerings through tracked links and earn a cut when that traffic converts into sales. Essentially, affiliate partners act as promoters, leveraging their marketing skills to expand a company's exposure and market reach.

Farmers' Market Analogy

- **Premier, Inc. (National GPO):** Think of Premier as a **huge farmers' market in a big city**. They negotiate with tons of farmers and suppliers to get the best deals on fruits, vegetables, and goods.
- **Alliant Purchasing LLC (Regional GPO):** Alliant is like a **smaller neighborhood co-op**. They don't have the same scale as Premier, but they know their local community well.
- **Relationship:** Alliant partners with Premier so that its members (local shoppers) can still get access to the **big city farmers' market prices**, even though they shop at the smaller neighborhood co-op.
- **Healthcare Procurement Solutions (HPS):** HPS is like a **local buying club** that joins forces with Alliant. By doing so, its members also benefit from Premier's big-market deals indirectly.

🏀 Sports League Analogy

- **Premier:** The **NBA** — a massive national league with huge contracts and sponsorships.
- **Alliant:** A **regional basketball league** — smaller, but serving local teams.
- **Relationship:** The regional league affiliates with the NBA, so its players can benefit from NBA-level resources (like training programs or sponsorships) while still playing locally.
- **HPS:** A **community basketball team** that joins the regional league, gaining indirect access to NBA-level perks.

School Analogy

- **Premier:** A **big national university system** with tons of resources.
- **Alliant:** A **regional college** that affiliates with the university system to give students access to those resources.
- **HPS:** A **local tutoring group** that partners with the regional college, so its students benefit from the university system indirectly.

✅ **In simplest terms:** Premier is the big national player, Alliant is the regional partner, and HPS is the local group. By affiliating upward, smaller groups get access to the big contracts and resources without being owned by the larger organizations.

Premier Sponsorship Transfer Request Form

*All red fields must be accurately completed, and Exhibit D included (if applicable), to initiate processing.

PREMIER

Are you transferring multiple locations? Yes ◯ No ◯ If so, please list the sites in Exhibit D.

Section I - Transferring Member

Skip this section. Complete the rest of this form (both pages) AND Exhibit D (include all transferring locations in the Exhibit D) sourcing the required information from the Premier Roster.

CONTINUE TO SECTION II

Section II - Current Sponsor, Future Sponsor, and Future Direct Parent Information

11. **Current** Sponsor Organization: Healthcare Procurement Solutions

12. **Future** Sponsor Organization: Alliant Holding, LLC

13. **Future** Direct Parent Name: Alliant Purchasing, LLC

14. **Future** Direct Parent GPO ID: KY2085

15. Contact at **Future** Sponsor: Drew Mays

16. Contact at **Future** Sponsor Email: dmays@alliantpurchasin

17. The Future Direct Parent (populated above in 13) currently has the following authority over the transferring site(s):

a) ◯ Ownership

**OWNED: A facility is considered to be owned if the future direct parent (1) holds a direct or indirect equity or corporate Membership interest (which may be less than a majority of the equity or corporate Membership interests) or otherwise has the ability to appoint one or more members of the facility's governing board and (2) the facility is willing to designate Premier as its primary GPO.*

i) If Ownership is selected, is the transfer due to the Future Direct Parent acquiring the site?

◯ Yes ◯ No

ii) If above response is "Yes", what date did the ownership change occur?

b) ◯ Control (control over all operations)

c) ● Other

Explanation - Reason for the Transfer Request

Mutual Consent

*The **Future Sponsor** and **Transferring Member** signatures are required. Sponsorship transfers are subject to the Premier Recruitment and Retention Policy.*

Section III - Sponsor Consent:

The undersigned agrees and consents to the sponsorship transfer of the member(s) listed in this transfer request.

Current Sponsor Signature and Title

Future Sponsor Signature and Title

Section IV - Signature on Behalf of Transferring Member(s):

The undersigned hereby certifies and attests that he/she has legal authority to sign and bind the member(s) included in this transfer request to contracts and that he/she has control over all supply chain and purchased services for the member(s).

Holly Masquelier-Woodson Director of Materials & Purchasing

Print Name and Title

Clinton Regional Hospital

Company Name

Signature

Date

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EXHIBIT A – FACILITY AUTHORIZATION & VENDOR FEE AGREEMENT

Participating Member Facility Name ("Participating Member"):

Clinton Regional Hospital

Participating Member and Premier Healthcare Alliance, L.P. ("Premier") hereby agree as follows:

PURCHASING AGENT FOR PURPOSES OF PARTICIPATING IN GROUP PURCHASING PROGRAMS
Premier and Sponsor, if applicable, are each authorized to act as a purchasing agent for Participating Member and any Child Sites that are added to Exhibit D as it may be amended from time to time.

ADMINISTRATIVE FEE
Participating Member is hereby notified that Vendors pay to Premier an administrative fee, which is a percentage of the purchase price of Products that Participating Member purchases from such Vendors, which may be apportioned between Premier and Sponsor pursuant to a separate agreement. Administrative fees will be noted in a report located in Premier's online member portal.

ANNUAL DISCLOSURE OF ADMINISTRATIVE FEES
Except as otherwise directed, Premier shall provide written notice on at least an annual basis to Participating Members that are healthcare providers of service[1] of the amount of administrative fees that Premier has received from Vendors with respect to purchases made by or on behalf of such Participating Member.

Child Sites

If Participating Member is requesting a transfer on behalf of its controlled child sites, Participating Member may list the controlled child sites in the document attached below (Exhibit D). The signing individual must have legal authority to sign and bind the Participating Member and each child site to contracts, including the terms of this Facility Authorization & Vendor Fee Agreement, and must have control over all supply chain and purchased services for the child sites listed. Further, Participating Member authorizes and designates its sponsor, distributor or other agent to add new child sites by submitting to Premier a list of new child sites on the attached form or by other written communication for the same purpose. Participating Member acknowledges and agrees that by making or authorizing any such future submissions of child site(s), unless expressly stated otherwise in the applicable submission, Participating Member certifies that it (1) has legal authority to sign and bind the child site(s) to contracts, including the terms of this membership application, and (2) has control over all supply chain and purchased services for the child site(s).

Exh D - Sch 1 List of Child Sites_11-10-23.xlsx

	Clinton Regional Hospital
Signature of Member	**Company Name**
Holly Masquelier-Woodson	
Printed Name	**Date**
Director of Materials & Purchasing	
Title	

ACKNOWLEGED BY PREMIER HEALTHCARE ALLIANCE, L.P.
By: Premier Healthcare Solutions, Inc.
Its: General Partner

Premier Authorized Signature

Mike Alkire, President and CEO
Printed Name, Title

Please complete the required fields and collect the signatures from the Transferring Member and Future Sponsor. Email the signed copy to rosters@premierinc.com.

[1] As defined in Section 1861(u) of the Social Security Act.

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PREMIER

alliant PURCHASING

ACKNOWLEDGMENT OF
PRIMARY NATIONAL GROUP PURCHASING ORGANIZATION

Member Name: Clinton Regional Hospital

Address: 100 N 30th Street

City, State, Zip Code: Clinton, OK 73601

Phone Number: 580.333.1409

Designated GPO: **Premier, Inc. / Alliant Purchasing**

I, Holly Masquelier-Woodson, hereby acknowledge that Premier, Inc. / Alliant Purchasing (Premier Entity Code: KY2085) is the primary national group purchasing organization for Clinton Regional Hospital including its owned, leased, managed, as well as bill-to and ship-to locations. Premier & Alliant Purchasing has the right to utilize this acknowledgment with suppliers of contracted products and services to access contract pricing. With this notice, all future supplier volume reporting should be directed to Premier, Inc.

Authorized Account Signature: _____

Print Name: Holly Masquelier-Woodson

Date: _____

Attention Suppliers: Premier roster eligibility can be verified electronically simply by downloading the current roster from *https://communities.premierinc.com/x/_IxL* or by calling the Premier Solution Center at 877-777-1552. For any other questions regarding this member's GPO alignment please e-mail *clientservices@alliantpurchasing.com*.

BD LETTER OF GPO DESIGNATION

Date: _____

Re: BD Single GPO Designation

Policy:
This Letter of Group Purchasing Organization (GPO) Designation must be sent from an authorized agent of the customer's organization from their company's email server or submitted through the GPO supplier portal. BD will not accept a designation letter from a distributor partner or other third party representative. Additionally, BD will only accept a designation letter from a stand-alone facility or a facilities highest managing multi-member group (as defined below).

> Stand-Alone Entity: Facility not owned, leased, or managed by a multi-member group (i.e. direct parent, top parent, network, Integrated Delivery Network (IDN), or formal Aggregation Group).
>
> Multi-Member Group Entity: Facility owned, leased, or managed by a Direct Parent, Top Parent, Network, IDN, or formal Aggregation Group.

A stand-alone customer or multi-member group (on behalf of its members) **must declare one GPO designation across all BD business units**. Access to more than one GPO is not permitted.

Designation:
Please be advised that effective as of 09/01/2025 ("Effective Date"), Clinton Regional Hospital (name of Stand-Alone Facility or Multi-Member Group)("Customer"), on behalf of itself and all facilities and/or affiliates set forth on the attached Exhibit 1, hereby designates Premier (Alliant Purchasing) ("Designated GPO"), as its Group Purchasing Organization for the purchases of products from Becton, Dickinson and Company ("BD") and its subsidiaries and affiliates ("Supplier") pursuant to the terms of the existing GPO purchasing agreements between Designated GPO and Supplier. Customer hereby acknowledges and agrees that (a) it is aware of Suppliers single GPO designation policy and therefore will only be connected to the contract portfolio of its Designated GPO for Suppliers entire product portfolio (alignment to Designated GPO portfolio includes no less than auto-connectivity to the Base/Access Tier on all awarded agreements); and (b) facilities on Exhibit 1 may be added or deleted only upon the mutual written agreement of Customer and Supplier, and may impact previously set commitment levels on a go-forward basis.

As of the Effective Date, the designation in this letter supersedes and replaces any other group purchasing organization designation for Customer.

If Customer contact is needed, please reach out to Holly Masquelier-Woodson (Customer point of contact) at 580.331.1409 (phone number) and by email at holly.masquelier@crhaok.com (email address).

Authorized Agent:
Name: Holly Masquelier-Woodson
Title: holly.masquelier@crhaok.com
Customer Name: Clinton Regional Hospital
Street: 100 N 30th Street
City, St, Zip: Clinton, OK 73601

Signature_____

Refer to Exhibit 1 for detailed listing of required facility level data points needed to process designation request

Submit completed form to BD via GPO Supplier Portal or the BD mailbox representing your elected Designated GPO below. Submit to one BD mailbox only.

HPGMembership@BD.com | IntalereMembership@BD.com | PremierMembership@BD.com | VizientMembership@BD.com | RegionalGPOMembership@BD.com

BD LETTER OF GPO DESIGNATION

EXHIBIT 1

Clinton Regional Hospital (Customer Name) Facilities Listing

Facility level data points needed for designation processing in Excel format:

GPO ID [COID, Address ID or LIC if applicable]

Name, Street, Street 2, City, State, Zip

Aggregation Entity [Top Parent ID/Name; System ID/Name, Network, etc.]

Submit completed form to BD via GPO Supplier Portal or the BD mailbox representing your elected Designated GPO below. Submit to one BD mailbox only.

HPGMembership@BD.com | IntalereMembership@BD.com | PremierMembership@BD.com | VizientMembership@BD.com | RegionalGPOMembership@BD.com

PREMIER

Member Input Form

New GPO:	Effective Start Date:	Previous GPO:
PREMIER HEALTHCARE ALLIANCE	9/1/25	

Facility Name:	System Name:
Clinton Regional Hospital	

Member Address:	Address Line 2:
100 N 30th Street	

City:	State:	Zipcode:
Clinton	OK	73601

DEA:	HIN:	Entity Code:	Class of Trade:
		AU2842	Acute

Materials Manager/Authorized Signee:

Name:	Holly Masquelier-Woodson
Title:	Director of Materials & Purchasing
Fax:	
Phone:	580.331.1409
Email:	holly.masquelier@crhaok.com

Distributor / Wholesaler:

Name:	McKesson
City:	
State:	
Zip:	

Other Notes:

Please submit this form via e-mail upon completion. Thank-you for your participation and please ask your Premier contact if you have any questions throughout the process.

13034 Ballantyne Corporate Place
Charlotte, NC 28277
T 704.357.0022
F 704.357.6611

444 North Capitol Street, N.W.
Suite 625, Washington, DC 20001
T 202.393.0860
F 202.393.6499

PREMIERINC.COM

DESIGNATION OF PRIMARY GROUP PURCHASING ORGANIZATION

Facility Name : Clinton Regional Hospital

GPO ID : AU2842

Facility Address: 100 N 30th Street

Clinton OK 73601

I, Holly Masquelier-Woodson, an officer of Clinton Regional Hospital, hereby acknowledge that PREMIER HEALTHCARE ALLIANCE is the primary Group Purchasing Organization (GPO) for Clinton Regional Hospital, with regard to Abbott Vascular product purchases, and is authorized to collect administrative fees on purchases made by this institution as eligible under the _____ contract with Abbott Vascular. The designated GPO is the only GPO which will receive administrative fees in conjunction with purchases made by the referenced account.

The undersigned has the required authority to execute this Designation:

_____ _____

Signature Date

Holly Masquelier-Woodson

Printed Name

Director of Materials & Purchasing

Title

EXHIBIT K
GPO DESIGNATION FORM

SELLER: Abbott Laboratories, Inc.
CONTRACT NUMBER: PP-LA-521
PRODUCT CATEGORY: Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service

Are you a member of a Group Purchasing Organization (GPO): ☑ YES ☐ No (*must check one*)

If "Yes" please identify which GPO(s) you are a member of (*you may select more than one*):

☑ Premier ☐ Vizient ☐ Intalere

☐ Other (*please identify*): _____

Please identify which GPO you will be designating as your primary GPO, as it relates to the Products being purchased per this Agreement (*only select one*):

☑ Premier ☐ Vizient ☐ Intalere

☐ Other (*please identify*): _____

The undersigned, duly authorized representative of the above named Customer hereby acknowledges and agrees on behalf of itself and all of its present and future affiliates ("Affiliates"), including without limitation the owned, leased and/or controlled facilities designated on the Membership Exhibit, that such Customer and its Affiliates hereby elect to make all their purchases of Products under this Agreement, pursuant to the purchasing agreements entered into by Abbott and the designated primary GPO identified above. Attached hereto as Schedule 2 is a list of such facilities. Customer confirms, and hereby understands that Abbott shall only submit GPO administration fees to the primary GPO identified above for the Product purchases under this Agreement. Customer confirms, and hereby acknowledges, that Customer has elected on behalf of itself and its Affiliates not to purchase the Products under this Agreement from any other GPO not identified as primary above and this declaration shall supersede any letter of participation, letter of commitment or other membership designation previously entered into or agreed to by Customer with respect to Customer's, or any of its Affiliates', purchases from Abbott for the Products purchased under this Agreement. Once this form has been signed by Customer, any changes in primary GPO designation of Customer (and its Affiliates) shall require the submission of a new form by Customer.

Abbott Customer Number			
Customer Name	Clinton Regional Hospital		
Address	100 N 30th Street		
City, State, ZIP	Clinton	OK	73601
Customer Point of Contact	Holly Masquelier-Woodson		
GPO Member ID Number	AU2842		
	PREMIER HEALTHCARE ALLIANCE		

THE PARTIES HAVE AGREED TO AND ACCEPTED THIS AGREEMENT:

CUSTOMER:	ABBOTT LABORATORIES INC.:
Signature:	Signature:
Printed Name: Holly Masquelier-Woodson	Printed Name:
Title: Director of Materials & Purchasing	Title:
Date:	Date:

EXHIBIT K
GPO DESIGNATION FORM

SELLER: Abbott Laboratories, Inc.
CONTRACT NUMBER: PP-LA-521
PRODUCT CATEGORY: Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service

SCHEDULE 2
LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES

[TO BE COMPLETED BY THE PARTICIPATING MEMBER (or GPO)]

Participating Member/GPO name: _____

Premier Entity Code	Abbott Customer Number	Participating Facility Name	City	ST	Phone Number	Contact Name

AESCULAP

Aesculap, Inc. Declaration Form

Facility Name: Clinton Regional Hospital AU2842
Address: 100 N 30th Street
City, State Zip: Clinton OK 73601
Phone: 580.331.1409
Aesculap:
HIN:

This facility hereby acknowledges that it recognizes PREMIER HEALTHCARE ALLIANCE
(Please print "Primary" GPO Name)
as its "Primary" Group Purchasing Organization. As a declared member of your Primary GPO your pricing will reflect those items listed on this Group contract. Any purchases covered as part of your chosen "Primary" GPO contract will be the basis for generating sales reports and administration fees. Only contract sales will be reported.

Facility Name: Clinton Regional Hospital by signature below declares its Primary Group Purchasing Organization as stated above.

Acknowledged and Agreed: _____
Signature

Holly Masquelier-Woodson
Name

Director of Materials & Purchasing
Title

_____
Date

Please return to the Contracts Department via
E-mail: Aesculap_Contracts_Post.BBMUS_Service@aesculap.com
or fax (484-821-9015)

Aesculap, Inc.
3773 Corporate Parkway
Center Valley, PA 18034
Phone: 800-258-1946
www.aesculapusa.com

DocuSign Envelope ID: BB0C7170-8129-482B-9960-39FF1C65BF15

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: AMN Healthcare, Inc.
CONTRACT NUMBER: PP-SV-165
CONTRACT DATES: 08/01/-2017 – 03/31/2025
SERVICE CATEGORY: Workforce Solutions – Managed Service Providers

1. Tier. The undersigned Participating Member hereby designates the following desired price under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

Select one Tier by initialing below

Member Initials	TIERS	TOTAL SERVICES PURCHASED ($ PER CALENDAR YEAR)
	TIER 0	Locally Negotiated
	TIER 1	Locally Negotiated

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the price designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate. Attached hereto as Schedule 1 is a list of all such facilities. Seller shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option: **Participating Member's Initials:** _____.

The undersigned Participating Member hereby acknowledges and confirms the above designations. Participating Member must complete this form and return to both Seller and Premier in order for Seller to begin reporting and paying Premier Administrative Fees pursuant to Article 10 of the Agreement.

Participating Member

Print Name of Person Signing: Holly Masquelier-Woodson
Signature:
Title of Person Signing: Director of Materials & Purchasing
Phone Number: 580.331.1409
E-mail Address: holly.masquelier@crhaok.com
Date Signed:
Entity Code: AU2842
Print Name of Participating Member: Clinton Regional Hospital
Address: 100 N 30th Street
City and State: Clinton OK 73601

Seller

Print Name of Person Signing:
Signature:
Title of Person Signing:
Date Signed:

Upon completion, please submit this form to both Seller and Premier.

Seller Information –
Email: info@amnhealthcare.com

Premier Information –
Fax: 704.816.3509
Email: PremierPMDF@PremierInc.com

DocuSign Envelope ID: BB0C7170-8129-482B-9960-39FF1C65BF15

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: AMN Healthcare, Inc.
CONTRACT NUMBER: PP-SV-165
CONTRACT DATES: 08/01/-2017 – 03/31/2025
SERVICE CATEGORY: Workforce Solutions – Managed Service Providers

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option and Reporting and Paying Administrative Fee)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER]

Participating Member/GPO name: _____

Premier Entity Code	Participating Facility Name and Supplier's Customer Account Number	City	ST	Phone Number	Contact Name
AU2842	Clinton Regional Hospital	Clinton	OK	580.331.1409	Holly Masquelier-Woodson

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: AMN Healthcare Inc.
CONTRACT NUMBER: PP-SV-175
CONTRACT DATES: 1/01/2018 – 03/31/2025
SERVICE CATEGORY: Workforce Solutions - Staffing

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	TIERS	TOTAL SERVICES PURCHASED ($ PER CALENDAR YEAR)
	TIER 1	Locally Negotiated

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate. Attached hereto as Schedule 1 is a list of all such facilities. Seller shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option: **Participating Member's Initials:** _____.

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member		**Seller**	
Print Name of Person Signing	Holly Masquelier-Woodson	Print Name of Person Signing	
Signature		Signature	
Title of Person Signing	Director of Materials & Purchasing	Title of Person Signing	
Phone Number	580.331.1409	Date Signed	
E-mail Address	holly.masquelier@crhaok.com		
Date Signed			
Entity Code	AU2842		
Print Name of Participating Member	Clinton Regional Hospital		
Address	100 N 30th Street		
City and State	Clinton OK 73601		

Upon completion, please submit this form to both Seller and Premier.

Seller Information –
Fax: info@amnhealthcare.com

Premier Information –
Fax: 704.816.3509

Email: PremierPMDF@PremierInc.com

EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

SELLER: AMN Healthcare Inc.
CONTRACT NUMBER: PP-SV-175
CONTRACT DATES: 1/01/2018 – 03/31/2025
SERVICE CATEGORY: Workforce Solutions - Staffing

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER]

Participating Member: _____

Premier Entity Code	Participating Facility Name and Supplier's Customer Account Number	City	ST	Phone Number	Contact Name
AU2842	Clinton Regional Hospital	Clinton	OK	580.331.1409	Holly Masquelier-Woodson

angiodynamics

GROUP PURCHASING ORGANIZATION DECLARATION FORM

Date: _____

Account Name: Clinton Regional Hospital

Reference:

I, Holly Masquelier-Woodson, an Officer of the above named account hereby acknowledge that PREMIER HEALTHCARE ALLIANCE is the only national group purchasing organization for the above named account(s) with regard to AngioDynamics, Inc. product purchases. The above named account(s) shall only purchase AngioDynamics, Inc. products under PREMIER HEALTHCARE ALLIANCE contract with AngioDynamics, Inc. and under no other group purchasing organization's contract and, therefore, PREMIER HEALTHCARE ALLIANCE should be the only group purchasing organization to receive the administrative fees on sales from this institution as eligible under PREMIER HEALTHCARE ALLIANCE contract with AngioDynamics, Inc.

Undersigned has the required authority to sign this Acknowledgement:

Signature	Date
Holly Masquelier-Woodson	Director of Materials & Purchasing
Printed Name	Job Title

BARD MEDICAL DIVISION GPO DESIGNATION FORM

Clinton Regional Hospital (Healthcare Provider) declares that PREMIER HEALTHCARE ALLIANCE (GPO Name)

is our sole GPO of record for _____ products effective

9/1/25 (Date) and until further written notification is received by Bard Medical Division.

Please remove from: _____ membership/contracts

Healthcare Provider
Name Clinton Regional Hospital AU2842

Address: 100 N 30th Street

City/State: Clinton OK 73601

Healthcare Provider
Representative Name: Holly Masquelier-Woodson

Healthcare Provider
Representative Title: Director of Materials & Purchasing

Healthcare Provider
Representative Signature: _____
Date: _____

Below Section completed by Bard Medical upon request from Healthcare Provider

Bard Medical Representative Name: _____

Bard Medical Representative Title: _____

Bard Medical Representative Signature: _____

Date: _____

Mail or Fax to:
Bard Medical Division
Attn. National Accounts Dept
8195 Industrial Blvd.
Covington, GA 30014
Fax #: 770.784.6931

Account #: _____

GPO PRIMARY GROUP DESIGNATION FORM

B|BRAUN
SHARING EXPERTISE

Clinton Regional Hospital selects Premier, Inc.
MEMBER FACILITY / HEALTH SYSTEM NAME

as its Primary Group Purchasing Organization.

Member Facility

Facility Name: Clinton Regional Hospital

Premier Entity Code: AU2842

Address: 100 N 30th Street

City, ST Zip Code Clinton OK 73601

B Braun Account Number:

Is this form affecting MULTIPLE ACCOUNTS? (i.e for centralized billing, list all relevant ship to locations billing to the same account)

- ❑ Yes – complete Schedule A
- ❑ No

Authorized Facility Representative

Signature:

Name (Printed): Holly Masquelier-Woodson

Title: Director of Materials & Purchasing

Organization: Clinton Regional Hospital

GPO PRIMARY GROUP DESIGNATION FORM

Schedule A

B|BRAUN
SHARING EXPERTISE

Health System Name:_____

	Premier Entity Code	Braun Account #	Member Name	Address	City, ST Zip Code
1.	AU2842		Clinton Regional Hospital	100 N 30th Street	Clinton OK 73601
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Add additional pages if necessary

Group Purchasing Organization
Customer Declaration

I am authorized to perform the purchasing functions for the facilities listed in Exhibit A (attached MS Excel file) and request Premier Healthcare Alliance, L.P. (Premier) as the primary group purchasing organization (GPO) affiliate for each facility for all purchases made, for all product lines manufactured by Beckman Coulter Diagnostics under current contracts with Premier

By signing this GPO Declaration, I understand that (i) each facility must meet the Beckman Coulter (BCI) Premier contract(s) participation requirements to purchase products (Eligible Facilities), and (ii) BCI will report contract purchasing data for all Eligible Facilities listed in Exhibit A to Premier, and (iii) BCI will pay fees on contracted purchases made by Eligible Facilities listed in Exhibit A pursuant to the terms and conditions of the applicable Premier - BCI GPO Agreement.

Organization Name	Clinton Regional Hospital	Your Name	Holly Masquelier-Woodson
Street Address	100 N 30th Street	Title	Director of Materials & Purchasing
City/State/Zip Code	Clinton OK 73601	Signature	
GPO ID	AU2842	Date	
Global Location Number (GLN)			

NOTE:

- **For audit purposes**, this form must be signed by the organization's director of materials management or higher and submitted via email to nationalaccts@beckman.com from same along with the attached Beckman Coulter GPO Declaration Exhibit A MS Excel file containing all facility detail.

LETTER OF GPO DESIGNATION

(Month day, year)

Re: Primary GPO Designation

Dear BD ("Vendor"):

Please be advised that effective as of 9/1/25 (date), Clinton Regional Hospital (name of Healthcare Organization) ("Customer"), on behalf of itself and all facilities and/or affiliates set forth on the attached Exhibit 1, hereby designates Premier Healthcare Alliance, L.P., f/k/a Premier Purchasing Partners, L.P. ("Premier") ("Designated GPO"), as its group purchasing organization for the purchases of products from BD and its subsidiaries (ex. CareFusion) and affiliates pursuant to the terms of the existing agreements between Designated GPO and Vendor. Customer hereby acknowledges that (a) it is aware of Vendor's single GPO Designation policy and therefore will be connected to, and only to, the contract portfolio of its Designated GPO for Vendor's entire product portfolio; and (b) facilities on Exhibit 1 may be added or deleted only upon the mutual written agreement of Customer and Vendor, and may impact previously set commitment levels on a go-forward basis.

The designation in this letter supersedes any other group purchasing organization designation that Vendor may have on file. Vendor will rely on this designation unless it is revoked in writing by Customer.

If you have questions, please do not hesitate to contact Holly Masquelier-Woodson (Healthcare Organization point of contact) at holly.masquelier@crhaok.com phone/email or 580.331.1409 (GPO point of contact phone/email).

Name	Holly Masquelier-Woodson
Title	Director of Materials & Purchasing
Healthcare Organization Name	Clinton Regional Hospital
Street	100 N 30th Street
City, St, ZIP	Clinton OK 73601
Phone	580.331.1409
Email	holly.masquelier@crhaok.com

ACKNOWLEDGED:

LETTER OF GPO DESIGNATION

EXHIBIT 1

(Healthcare Organization Name) Facilities Listing

Ostomy Care
Urology & Continence Care
Wound & Skin Care

Coloplast

GPO Designation Letter

The below named Customer designates PREMIER HEALTHCARE ALLIANCE as its primary Group Purchasing Organization (GPO) for purposes of Coloplast purchases of the following categories:

☐ Skin Care ☐ Continence Care ☐ Wound Care
☐ Ostomy Care ☐ Surgical Urology

If no product categories are selected, Coloplast will assume that this letter applies for all product categories.

Customer Name Clinton Regional Hospital

Address 100 N 30th Street

City Clinton State OK Zip 73601

Facility List attached ☐

For purposes of Coloplast purchases the above named customer will be removed from accessing any other GPO contract(s) containing the product categories selected above. This letter supersedes all previous declarations and will remain in effect until Coloplast receives a future declaration.

Authorized Signature: _____

Print Name/Title: Holly Masquelier-Woodson Director of Materials & Purchasing

Phone Number: 580.331.1409

Date: _____

Return to:

Contracts and Pricing
locsupport@coloplast.com
1601 West River Road, Suite 304
Minneapolis, MN 55411

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AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective March 1, 2021

DISTRIBUTOR:	Cardinal Health 200, LLC
CONTRACT NUMBER:	PP-LA-507
CONTRACT DATES:	January 1, 2019 – December 31,2024
PRODUCT CATEGORY:	Specialty Distribution-Laboratory and /or Research Products

The undersigned Participating Member hereby engages Distributor to provide laboratory distribution services pursuant to the terms and conditions of this Participating Member Designation Form ("PMDF"), and the above-referenced Group Purchasing Agreement – Clinical Laboratory Specialty Distribution Laboratory and/or Research Products entered into between Premier and Distributor as the same may be amended and modified from time-to-time (the "GPO Agreement"). Capitalized terms not defined herein shall have the meaning set forth in the GPO Agreement.

1. Pricing Within thirty (30) days of the PMDF Effective Date (defined herein), and subject to the conditions set forth herein and in the GPO Agreement, the undersigned Participating Member and its Owned and Affiliated Facilities set forth on Schedule 1 attached hereto ("Facilities") shall be entitled to the following pricing. "Owned" shall mean Participating Member controls the entity, Participating Member shall be deemed to be in control of an entity (controlled entity) if the Participating Member owns directly or indirectly more than fifty percent (50%) of the outstanding voting equity of the controlled entity (or other equity or ownership interest if the controlled entity is other than a corporation). "Affiliate Facilities" shall mean healthcare facilities that are not Owned by the Participating Member, but are affiliated with a Participating Member's integrated delivery network or managed by the Participant Member.

The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	TIERS	TOTAL PRODUCT PURCHASES ($ PER CALENDAR YEAR)
	TIER 1	< $1,000,000
	TIER 2	$1,000,000 to < $3,500,000 OR Academic Health System as listed on the Membership Roster
	TIER 3	$3,500,000 to < $6,000,000
	TIER 4	$6,000,000 +

b. Sixty (60) days prior to the beginning of each calendar year, Distributor will review the Participating Member's Qualified Purchases made during the prior calendar year and based on the Qualified Purchases made during the calendar year will designate the appropriate pricing Tier for the upcoming calendar year, which shall go into effect on January 1 of each calendar year. Participating Member will not be moved to a higher or lower pricing Tier during a calendar year unless such Participating Member is no longer a prime vendor with Distributor.

2. Group Purchasing Agreements – Becton Dickinson Blood Collection and Safety Phlebotomy Products, Greiner Blood Collection and Safety Phlebotomy Products, Becton Dickinson Manual Microbiology, and Group Purchasing Agreements Cost plus markups. Pricing will follow the Cost-plus markup matrix below:

VOLUME TIERS	GROUP PURCHASING AGREEMENT COST-PLUS MARKUP	BECTON DICKINSON BLOOD COLLECTION AND SAFETY PHLEBOTOMY PRODUCTS COST-PLUS MARKUP	GREINER BLOOD COLLECTION AND SAFETY PHLEBOTOMY PRODUCTS COST PLUS MARKUP	BECTON DICKINSON DIAGNOSTIC MANUAL MICROBIOLOGY MARKUP
TIER 1	8.25%	5.00%	5.00%	9.50%
TIER 2	6.50%	4.75%	4.75%	7.75%
TIER 3	6.000%	4.00%	4.00%	7.50%
TIER 4	5.50%	3.75%	3.75%	7.25%

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective March 1, 2021

DISTRIBUTOR:	Cardinal Health 200, LLC
CONTRACT NUMBER:	PP-LA-507
CONTRACT DATES:	January 1, 2019 – December 31,2024
PRODUCT CATEGORY:	Specialty Distribution-Laboratory and /or Research Products

3. Customer Hot List. The number of Product on the Customer Hot List may not exceed the number of allowable Products listed in the matrix below. Products priced under the Group Purchasing Agreement and that receive pricing set forth in Section 4 of the Exhibit A-1 will not be eligible for the Customer Hot List.

VOLUME TIERS	CUSTOMER HOT LIST – Number of Allowable Items and Tier Qualification
TIER 1	10
TIER 2	25
TIER 3	50
TIER 4	60

4. Term and Termination. This PMDF shall commence as of the PMDF Effective Date (defined below) and automatically terminate upon the date of termination or expirations of the GPO Agreement. Distributor or Participating Member may terminate this PMDF at any time without cause upon giving the other party at least sixty (60) days prior written notice. If Distributor stocks Custom Products (Products made/altered specifically for, or unique to, a Participating Member) or other unique inventory at Participating Member's request that Distributor would not otherwise stock, Participating Member agrees that upon termination of this PMDF for any reason, Participating Member will purchase such remaining inventory under the terms of this PMDF, and within thirty (30) days of the effective date of the termination.

5. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, and utilize Distributor as their primary laboratory distributor and purchases at least ninety percent (90%) of their total laboratory product and distributor service spend from Distributor shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of such facilities. If a facility is not Owned by Participating Member, and Participating Member would like to aggregate purchasing volume with such Facility or the Participating Member does not have a written GPO membership agreement with the Facility, then Participating Member shall provide Distributor with a Letter of Authority (attached hereto as Schedule 2), which evidences Participating Member's right to contract on behalf of the Affiliate Facility. Notwithstanding the foregoing; Distributor in its sole discretion, may deny Participating Member's right to aggregate its purchasing volume with such facilities. The undersigned Participating Member of GPO shall be responsible for updating such list on an annual basis. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** _____.

6. Miscellaneous. Pursuant to the terms of the GPO Agreement, Distributor may pay Premier Administrative Fees on Participating Member's Qualified Purchases, and no other group purchasing organizations or entity will received administrative fees on Participating Member's purchases. The terms of this PMDF constitute Confidential Information and, except as otherwise set forth in the GPO Agreement, shall not be disclosed by Participating Member without Distributor's prior written consent. By executing below, Participating Member represents that any Product purchases made hereunder shall be for its "own use", or the use of the facilities which are part of Participating Members integrated delivery network, if applicable. Participating Members must have all the required governmental licenses, permits, and approvals required to purchase, use and/or store the Products purchased by such Participating Member from Distributor. If Participating Member violates the foregoing representation or the "own use" requirement set forth herein, Distributor may immediately terminate this PMDF upon written notice to Participating Member. The undersigned represents and warrants that he/she is authorized to enter into this PMDF on behalf of Participating Member.

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective March 1, 2021

DISTRIBUTOR: Cardinal Health 200, LLC
CONTRACT NUMBER: PP-LA-507
CONTRACT DATES: January 1, 2019 – December 31,2024
PRODUCT CATEGORY: Specialty Distribution-Laboratory and /or Research Products

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO		**Distributor**	
Print Name of Person Signing	Holly Masquelier-Woodson	Print Name of Person Signing	
Signature		Signature	
Title of Person Signing	Director of Materials & Purchasing	Title of Person Signing	
Phone Number	580.331.1409	Date Signed	
E-mail Address	holly.masquelier@crhaok.com		
Date Signed			("PMDF Effective Date")
Entity Code	AU2842		
Print Name of Participating Member/GPO	Clinton Regional Hospital		
Address	100 N 30th Street		
City and State	Clinton OK 73601		

Upon completion, please submit this form to both Distributor and Premier.

Distributor Information –
Email: contractadministration@ca.cardinalhealth.com

Premier Healthcare Alliance, L.P.–
Fax: 704.816.3509
Email: PremierPMDF@PremierInc.com

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO]

Participating Member/GPO name: _____

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name
AU2842	Clinton Regional Hospital	Clinton	OK	580.331.1409	Holly Masquelier-Woodson

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective March 1, 2021

DISTRIBUTOR: Cardinal Health 200, LLC
CONTRACT NUMBER: PP-LA-507
CONTRACT DATES: January 1, 2019 – December 31,2024
PRODUCT CATEGORY: Specialty Distribution-Laboratory and /or Research Products

SCHEDULE 2
LETTER OF AUTHORITY

By signing this Letter of Authority ("LOA"), Clinton Regional Hospital (Affiliate") certifies that Affiliate is a member of the _____ [insert name of Participating Member]'s integrated delivery network ("IDN") or _____ [insert name of Participating Member]'s select Purchasing Coalition and that Affiliate desires to receive the Laboratory Products and distribution services set forth in the Participating Member Designation Form entered into by IDN or select Purchasing Coalition, dated _____[insert date of PMDF] as the same has been and may be modified from time to time by Cardinal Health 200, LLC and IDN or select Purchasing Coalition (the "PMDF"). Affiliate hereby agrees to abide by and be bound by the terms and conditions of the PMDF. "Purchasing Coalition" shall be defined as a group of healthcare providers who are affiliated with Premier and have come together for the purpose of collectively buying products.

Upon execution date of this LOA, any prior written or verbal agreement between Affiliate and Cardinal Health for the purchase of healthcare products and distribution services shall be terminated and all such purchases shall be governed by the terms and conditions of the PMDF.

Full Legal Name of Affiliate: Clinton Regional Hospital

By: _____

Printed Name: Holly Masquelier-Woodson

Title: Director of Materials & Purchasing

Date: _____

COVIDIEN

GPO Primary Group Designation Form

Account Name: Clinton Regional Hospital
Address: 100 N 30th Street
City: Clinton State: OK Zip Code: 73601
Covidien Bill-to #: _____ Covidien Ship-to #: _____
COT: Acute

Are you part of a Health System? ☐ Yes ☐ No (must check one)
If "Yes" please identify HEALTH SYSTEM
NAME: _____
Is this form affecting MULTIPLE ACCOUNTS? ☐ Yes ☐ No (must check one)
If "Yes" must attach fully completed Exhibit A.
Are you (or are you owned, leased or otherwise controlled by) an acute care hospital, health system, ambulatory surgery center or other acute care health care facility? ☐ Yes ☐ No (must check one)

Authorized Distribution Agent(s): _____
Note: Pricing due to initial selection or subsequent change of Primary GPO (as defined below) will become effective following authorized distributor's required 60-day advance notification period of such selection or change. If multiple distributors are used for multiple product lines, please add an attachment with additional relevant information.

The undersigned, duly authorized representative of the above named entity ("Member") hereby acknowledges and agrees on behalf of itself and all of its present and future affiliates, including without limitation the owned, leased and/or controlled facilities identified on Facility List hereto ("Affiliates"), that such Member and its Affiliates hereby elect to make all of their purchases of products and/or services that are facilitated by a contract with a group purchasing organization ("GPO") (collectively, "Contract Products") from Covidien Sales LLC and its affiliates ("Covidien") through Premier Healthcare Alliance, L.P. ("Premier") as Member's primary GPO, unless superseded by a subsequent written GPO Primary Group Designation Form received from Member expressly designating another GPO as its primary GPO. Member confirms, and hereby notifies Covidien, that Member has elected on behalf of itself and its Affiliates not to purchase Contract Products from Covidien under any contract that Covidien (or any of its affiliates) may be a party to with any GPO other than Premier, and this GPO declaration by Member shall terminate and supersede any letter of participation, letter of commitment or other GPO membership designation previously entered into or agreed to by Member with respect to Member's, or any of its Affiliates', purchases from Covidien and its affiliates under agreement(s) of any GPO other than Premier. Once this form has been signed by Member and submitted to Covidien, any changes in primary GPO designation of Member (and its Affiliates) shall require the submission of a new form by Member. For clarity, this GPO designation form shall not affect the pricing in any direct local agreement between Member and Covidien.

Each PGDF shall become effective as follows: (a) in the event that the relevant Member purchases Products directly from Covidien (i) if Covidien receives such signed PGDF between the first and 15th of any month, then the PGDF shall be effective on the first day of the next month, or (ii) if Covidien receives such signed PGDF between the 16th and the last day of any month, then the PGDF shall be effective on the 1st of the second full month thereafter, and (b) in the event that the relevant Member purchases Products through an Authorized Distributor, upon the soonest possible date as Covidien specifies, but in no event later than 60 days after the date that such PGDF was received by Covidien. PGDFs received directly by Covidien shall be deemed received on the date of receipt.

APPROVAL SIGNATURES

Authorized Account Signature: _____
Print Name: Holly Masquelier-Woodson
Title: Director of Materials & Purchasing Date: _____
Email Address: holly.masquelier@crhaok.com

ELECTRONIC SUBMISSION VIA SUPPLY CHAIN ADVISOR (SCA) IS PREFERRED
Log into Supply Chain Advisor (PP-PGDF-Covidien) to Activate
Members without access may email/fax a completed, signed PGDF to:
Email: CovidienPGDF@Premierinc.com
Fax: (704) 816-3555

For Covidien Membership Internal Use Only

Member ID: _____ Current PG: _____ Allied #: _____ COT: _____
Membership Start Date: _____ PG Effective Date: _____
Admin Name: _____ Admin Signature: _____ Date Processed: _____

Facility List

Owned, Leased and/or Managed

Member acknowledges and declares that all facilities listed below are owned, leased and/or controlled by:_____

	Entity Code	Member Name	Address	City	ST	Top Parent Name
1	AU2842	Clinton Regional Hospital	100 N 30th Street	Clinton	OK	
2						
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AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

Effective: February 1, 2021

DISTRIBUTOR: Fisher HealthCare, a division of Fisher Scientific Company, L.L.C
CONTRACT NUMBER: PP-LA-508
CONTRACT DATES: 01/01/2019 – 12/31/2024
PRODUCT CATEGORY: Specialty Distribution-Laboratory and /or Research Products

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select One Tier by initialing below

Member Initials	VOLUME TIERS	TOTAL PRODUCT PURCHASES and Commitment Level ($ PER CALENDAR YEAR)
	TIER 1	< $500,000 and No Commitment
	TIER 2	< $500,000 and 90% Commitment
	TIER 3	$500,000 to < $1,000,000 and No Commitment OR Academic Health System as listed on the Membership Roster
	TIER 4	$500,000 to < $1,000,000 and 90% Commitment OR Academic Health System with 90% Commitment as listed on the Membership Roster
	TIER 5	$ 1,000,000 to < $10,000,000 and No Commitment
	TIER 6	$ 1,000,000 to < $10,000,000 and 90% Commitment
	TIER 7	> $10,000,000 and No Commitment
	TIER 8	> $10,000,000 and 90% Commitment

Volume Commitment is defined as: Any New Participating Member who makes a written agreement to purchase from Distributor ninety percent (90%) or more of Participating Member's annual Product requirements or any Pre-Existing Participating Member who has previously been designated by Distributor as a Committed Tier account. Any Participating Member who agrees to a 90 % commitment shall be referred to as a Committed Tier account.

New Participating Member is defined as: Any Participating Member who makes a written agreement to purchase from Distributor ninety percent (90%) or more of Participating Member's annual Product requirements after the Effective Date of this Agreement.

Pre-Existing Participating Member is defined as: Any Participating Member who has made a written agreement to purchase from Distributor ninety percent (90%) or more of Participating Member's annual Product requirements prior to the Effective Date of this Agreement.

Committed Tiers require a commitment to purchase 90% of their total dollar volume requirements of products available through Distributor.

For New Participating Members the following volume represents the 90% purchasing requirement defined above: $_____

For Pre-Existing Participating Members the 90% purchasing requirement is defined as the Pre-Existing Participating Members last twelve (12) month purchase volume from Distributor prior to the Effective Date of this Agreement.

b. New Committed Tier account or New Participating Member Volume Commitment Requirements. Beginning in Year two (2), the New Committed Tier or New Participating Member accounts will only be entitled to their tier pricing level selected, if in Year two (2) or any Year thereafter during the Term of this Agreement, the New Committed Tier or New Participating Member accounts total dollar purchase volume meets or exceeds the minimum purchase requirements set forth in the applicable tier and as designated by the New Participating Members PMDF.

c. Pre-Existing Committed Tier account Volume Commitment Requirements. Upon the Effective Date of this Agreement, Pre-Existing Committed Tier accounts will only be entitled to their existing tier pricing level, if in any given Year, the Pre-Existing Committed Tier accounts total dollar purchase volume meets or exceeds the minimum purchase requirements set forth in the applicable tier and as determined by the Pre-Existing Participating Members last twelve (12) month purchase volume from Distributor prior to the Effective Date of this Agreement.

d. Distributor shall not reduce a Participating Member's tier level without first (i) notifying the Participating Member and Premier in writing that the Participating Member's purchase volume is below the tier level selected by the Participating Member (the "Tier Reduction Notice") and (ii) providing the Participating Member sixty (60) calendar days from the date of notice to remedy the purchasing volume issues described in the Tier Reduction Notice. If the Participating Member does not remedy the issues described in the Tier Reduction Notice within sixty (60) days, Distributor may move the

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

Effective: February 1, 2021

DISTRIBUTOR:	Fisher HealthCare, a division of Fisher Scientific Company, L.L.C
CONTRACT NUMBER:	PP-LA-508
CONTRACT DATES:	01/01/2019 – 12/31/2024
PRODUCT CATEGORY:	Specialty Distribution-Laboratory and /or Research Products

Participating Member to the appropriate tier based on the Participating Member's Product purchases. Any tier adjustment pursuant to this paragraph that results in a less favorable tier for the Participating Member will apply for Products purchased after the effective date of the tier reduction.

2. **Cost Plus Markup Schedule:** Pricing for Products on Group Purchasing Agreements with net member pricing shall be priced per the terms of the Group Purchasing Agreement between Premier and manufacturer. Group Purchasing Agreements with net distributor pricing shall be calculated per the cost plus schedule below.

SUPPLIER	90% Committed	Non-Committed
Becton Dickinson PAS	4.75%	5.5%
Becton Dickinson Micro	6.75%	9%
Greiner	4.75%	5.5%
Roche	4.75%	5.5%
Siemens	4.75%	5.5%
Smith Medical	4.75%	5.5%

- In the event that a Product which has heretofore not been priced as a net to Distributor Group Purchasing Agreement becomes priced by the manufacturer as a net to Distributor Group Purchasing Agreement, Distributor and Premier agree to negotiate in good faith to determine the mark-up which will be applied to the affected Product.

3. **Standardization Savings Opportunity Customer Hot List:** Committed Participating Members (Committed Tier accounts) who access this Agreement shall be eligible to customize a hot list of Products based on the tier designation. Committed Tier accounts may select items for standardization and additional savings. The number of items is determined by tier as outlined in the grid below and the savings will be negotiated between Distributor and Participating Member. Contracted Products have firm pricing and will not be eligible for inclusion in Standardization Savings Opportunity.

COMMITTED TIERS	CUSTOMER HOT LIST – Number of Allowable Items and Tier Qualification
TIER 2	30
TIER 4	50
TIER 6	75
TIER 8	100

4. **Aggregation Pricing Option.** By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached here to as Schedule 1 is a list of such facilities. Distributor shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** _____.

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

Effective: February 1, 2021

DISTRIBUTOR:	Fisher HealthCare, a division of Fisher Scientific Company, L.L.C
CONTRACT NUMBER:	PP-LA-508
CONTRACT DATES:	01/01/2019 – 12/31/2024
PRODUCT CATEGORY:	Specialty Distribution-Laboratory and /or Research Products

THE FOLLOWING LIMITATION OF LIABILTY LANGUAGE IS SUBJECT TO NEGOTIATION BY PARTICIPATING MEMBERS:

3. Limitation of Liability. Except for: (a) third party (including any third party governmental agency) indemnification Claim obligations in Section 12.1 of the Agreement; (b) damages arising from intentional acts; (c) personal injury Claims; or (d) breaches of confidentiality and, if applicable, of HIPAA obligations, in no event shall Seller's or a Participating Member's liability exceed the actual loss or damage sustained by the other party in an amount not to exceed Ten Million dollars ($10,000,000.00) and, subject to sub clauses (a) through (d), IN NO EVENT SHALL SELLER OR A PARTICIPATING MEMBER BE LIABLE TO THE OTHER FOR ANY FOR INDIRECT, SPECIAL, CONSEQUENTIAL OR INCIDENTAL DAMAGES (INCLUDING WITHOUT LIMITATION DAMAGES FOR LOSS OF USE OF FACILITIES OR LOSS OF OTHER EQUIPMENT NOT CONSIDERED TO BE THE PRODUCT PURCHASED FROM SELLER, LOSS OF REVENUE, LOSS OF PROFITS, OR LOSS OF GOODWILL) WHETHER BASED ON CONTRACT, TORT, OR ANY OTHER LEGAL THEORY.

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO		**Distributor**	
Print Name of Person Signing	Holly Masquelier-Woodson	Print Name of Person Signing	
Signature		Signature	
Title of Person Signing	Director of Materials & Purchasing	Title of Person Signing	
Phone Number	580.331.1409	Date Signed	
E-mail Address	holly.masquelier@crhaok.com		
Date Signed			
Entity Code	AU2842		
Print Name of Participating Member/GPO	Clinton Regional Hospital		
Address	100 N 30th Street		
City and State	Clinton OK 73601		

Upon completion, please submit this form to both Distributor and Premier.

Fisher HealthCare, a division of Fisher Scientific Company –
Fax: 610.449.0655

Premier Healthcare Alliance, L.P.–
Fax: 704.816.3509
Email: PremierPMDF@PremierInc.com

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM

Effective: February 1, 2021

DISTRIBUTOR: Fisher HealthCare, a division of Fisher Scientific Company, L.L.C
CONTRACT NUMBER: PP-LA-508
CONTRACT DATES: 01/01/2019 – 12/31/2024
PRODUCT CATEGORY: Specialty Distribution-Laboratory and /or Research Products

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO]

Participating Member/GPO name: _____

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name
AU2842	Clinton Regional Hospital	Clinton	OK	580.331.1409	Holly Masquelier-Woodson

GE Healthcare

Premier Group Designation Form

Member Name:	Clinton Regional Hospital
Address:	100 N 30th Street
City:	Clinton
State:	OK
Zip Code:	73601

Is the Member listed above part of a Health System? ☐ Yes ☐ No (must check one)

If "Yes" please identify HEALTH SYSTEM NAME:

Is this form affecting MULTIPLE ACCOUNTS? ☐ Yes ☐ No (must check one)
If "Yes" must attach fully completed Facility List.

The undersigned, duly authorized by a C-Suite level representative of the above named entity ("Member") hereby acknowledges and agrees on behalf of itself, and any owned, leased and/or managed facilities identified on Facility List hereto ("OLMs"), that such Member and its OLMs hereby elect to make all of their purchases of products and/or services that are facilitated by a contract with Premier Healthcare Alliance, L.P. ("Premier") from General Electric Company, by and through its GE Healthcare Division ("GE") through Premier as Member's default group purchasing organization ("GPO") in the event that GE has no evidence of GPO selection in the contract purchasing documents.

Member certifies that it has the requisite authority to make such an election on behalf of all listed OLMs.

Once this form has been signed by Member and submitted to GE, any changes in the default GPO designation of Member (and its OLMs) shall require a writing signed by a duly authorized representative of the Member.
For clarity, this GPO designation form shall not affect the pricing or contracts in any direct local agreement between Member and GE .

APPROVAL SIGNATURES

Authorized Account Signature:	
Print Name:	Holly Masquelier-Woodson
Title:	Director of Materials & Purchasing
Date:	
Email Address:	holly.masquelier@crhaok.com

ELECTRONIC SUBMISSION VIA SUPPLY CHAIN ADVISOR (SCA) IS PREFERRED
Log into Supply Chain Advisor (PP-PGDF-GE) to Activate
Members without access may email/fax a completed, signed PGDF to:
Email: GEPGDF@Premierinc.com
Fax: (704) 816-3555

Facility List

Owned, Leased and/or Managed

Member acknowledges and declares that all facilities listed below are owned, leased and/or controlled by:_____

	Entity Code	Member Name	Address	City	ST	Top Parent Name
1	AU2842	Clinton Regional Hospital	100 N 30th Street	Clinton	OK	
2						
3						
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Add additional pages if necessary

ENDOSCOPES FOR MEDICINE AND TECHNICAL SCIENCE
INSTRUMENTS FOR OTO-RHINO-LARYNGOLOGY

KARL STORZ — ENDOSKOPE

GPO DESIGNATION FORM

EFFECTIVE DATE: 9/1/25

TO: KARL STORZ Endoscopy-America, Inc.

GPO: PREMIER HEALTHCARE ALLIANCE
(GPO Name) (GPO Contract Number)

FOR: _____
(Product Category)

Please be advised that as of the Effective Date, this Member designates the GPO contract referenced above for the purchase of KARL STORZ Products and/or Services provided for in such GPO contract in accordance with the terms provided therein. Please take steps necessary to ensure this Member receives correct GPO contract pricing and all other value-added services and benefits provided pursuant to such contract. KARL STORZ shall properly credit and report to above-named GPO all purchases made by this Member as per the terms of the GPO contract.

Member Name: Clinton Regional Hospital Member No.: _____

Address: 100 N 30th Street

City: Clinton State: OK Zip: 73601

Telephone: 580.331.1409

Authorized by (Print Name): Holly Masquelier-Woodson

Email Address: holly.masquelier@crhaok.com

Signature: _____ Date: _____

Title: Director of Materials & Purchasing

Return completed form to:
KARL STORZ Endoscopy-America, Inc.
Attn: Ryan Riley
2151 E. Grand Ave.
El Segundo, CA. 90245
Email: ryan.riley@karlstorz.com

****KARL STORZ APPROVAL****

Approved by (Print Name): _____

Title: _____

Signature: _____ Date: _____

KARL STORZ Ship-To No.: _____

GPO Letter of Designation

Account Number: _____ **Date:** _____

Account Name: Clinton Regional Hospital

Shipping Address: 100 N 30th Street

Clinton OK 73601

GLN# _____

Contact Name: Holly Masquelier-Woodson **Phone:** 580.331.1409

LABSCO Rep: _____

This letter designates that the GPO listed below is the Primary Group Purchasing Organization for all products purchased through Laboratory Supply Company (LABSCO). LABSCO will pay administrative fees and report sales to the designated GPO. This document supersedes any previously signed documents with LABSCO.

Primary GPO: PREMIER HEALTHCARE ALLIANCE

GPO Member ID: AU2842

Customer Signature: _____ **Date:** _____

Customer Name (Print Name Legibly): Holly Masquelier-Woodson

Customer Title: Director of Materials & Purchasing

Please fax this form to Corporate Accounts at (502) 375-5630.

GPO Letter of Designation

Account Number: _____ **Date:** _____

Account Name: Clinton Regional Hospital

Shipping Address: 100 N 30th Street

Clinton OK 73601

GLN# _____

Contact Name: Holly Masquelier-Woodson **Phone:** 580.331.1409

McKesson Rep: _____

This letter designates that the GPO listed below is the Primary Group Purchasing Organization for all products purchased through McKesson Lab Services. McKesson will pay administrative fees and report sales to the designated GPO. This document supersedes any previously signed documents with McKesson.

Primary GPO: PREMIER HEALTHCARE ALLIANCE

GPO Member ID: AU2842

Customer Signature: _____ **Date:** _____

Customer Name (Print Name Legibly): Holly Masquelier-Woodson

Customer Title: Director of Materials & Purchasing

Please email this form to the Lab Services Team at
LabCustomerImplementations@McKesson.com

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective December 31, 2021

DISTRIBUTOR: McKesson Medical-Surgical Inc.
CONTRACT NUMBER: PP-LA-509
CONTRACT DATES: 01/01/2019 – 12/31/2024
PRODUCT CATEGORY: Specialty Distribution-Laboratory and /or Research Products

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	VOLUME TIERS	REQUIREMENTS/TOTAL PRODUCT PURCHASES ($ PER CALENDAR YEAR)	Distribution Mark-Up /Cap
	TIER 1	Access Tier, PMDF Required*	Locally Negotiated

*See Section 3.0 of the Terms and Conditions of this Agreement for all Participating Member eligibility requirements.

2. Cost Plus Markup Schedule: Direct Manufacturers' Agreements ("DMAs") with net member pricing shall be priced per the terms of the DMA between Premier and the manufacturer. DMAs with net distributor pricing shall be calculated per the cost plus schedule below.

SUPPLIER	PRODUCTS	COST PLUS FOR COMMITTED MEMBERS	COST PLUS FOR OTHER MEMBERS
BECTON, DICKINSON AND COMPANY	BLOOD SPECIMEN COLLECTION AND ANCILLARY PRODUCTS, SAFETY PHLEBOTOMY, AND MANUAL MICROBIOLOGY	3.5%	6.5%
GREINER BIO-ONE NORTH AMERICA	BLOOD SPECIMEN COLLECTION AND ANCILLARY PRODUCTS, SAFETY PHLEBOTOMY	3.5%	6.5%
ROCHE DIAGNOSTICS CORPORATION	BLOOD GLUCOSE METERS, REAGENTS, CONSUMABLES AND SERVICE	3.5%	6.5%
SIEMENS	URINALYSIS	3.5%	6.5%
SMITHS MEDICAL ASD	SAFETY PHLEBOTOMY	3.5%	6.5%
OTHER	OTHER	3.5%	6.5%

* "Committed Members" means those Participating Members who purchase eighty percent (80%) or greater of its annual laboratory spend from Distributor.

The undersigned Participating Member hereby elects to be a Committed Member:
Participating Member's Initials: _____

3. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of such facilities. Distributor shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** _____.

4. Non-Disposable Products. Non-disposable Products, such as furniture and equipment, sold by Distributor may be refurbished or reconditioned.

5. Product Recommendations. Distributor may make available to Participating Member certain recommendations concerning products that are comparable, functionally equivalent, clinically equivalent, or equivalent to other products used or identified by Participating Member ("Equivalency Recommendations").

Participating Member agrees and stipulates that, in making any Equivalency Recommendation, Distributor is relying solely on the independent skill, knowledge and judgment of its suppliers or others in the industry and is not independently providing medical product information upon which Participating Member can rely in order to make its product selection decision. Participating Member agrees and stipulates that in making product

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective December 31, 2021

DISTRIBUTOR:	McKesson Medical-Surgical Inc.
CONTRACT NUMBER:	PP-LA-509
CONTRACT DATES:	01/01/2019 – 12/31/2024
PRODUCT CATEGORY:	Specialty Distribution-Laboratory and /or Research Products

decisions, Participating Member agrees and stipulates that it is a sophisticated user of medical products and it agrees and stipulates that it is a learned intermediary between Distributor and the end user/patient.

THESE EQUIVALENCY RECOMMENDATIONS MAY BE MADE VERBALLY, IN WRITING OR VIA A DATABASE. THE EQUIVALENCY RECOMMENDATIONS ARE RECOMMENDATIONS ONLY AND ARE NOT REPRESENTATIONS OR WARRANTIES CONCERNING ANY PRODUCT PERFORMANCE OR EQUIVALENCY AND ANY SUCH REPRESENTATIONS OF WARRANTY ARE HEREBY DISCLAIMED. THESE EQUIVALENCY RECOMMENDATIONS ARE BASED UPON MATERIALS SUPPLIED BY DISTRIBUTOR'S SUPPLIER AND OTHER INDUSTRY–AVAILABLE INFORMATION.

6. **REPORTING AND DISCLOSURE OBLIGATIONS.** PARTICIPATING MEMBER WILL BE RESPONSIBLE FOR REPORTING ALL PRICES, DISCOUNTS, AND REBATES TO REIMBURSING AGENCIES TO THE EXTENT REQUIRED BY LAW OR REGULATION, INCLUDING MEDICARE AND MEDICAID, AND OTHER ENTITIES, MAINTAINING RECORDS THEREOF, AND PROVIDING INFORMATION TO REIMBURSING AGENCIES, IN ACCORDANCE WITH ALL APPLICABLE LAWS. ANY PRICE REDUCTION OR DISCOUNT PROGRAM DESCRIBED IN THE INVOICE ARE INTENDED TO BE A DISCOUNT WITHIN THE MEANING OF APPLICABLE FEDERAL AND STATE ANTI-KICKBACK LAWS, INCLUDING, 42 U.S.C. §1320A-7B(B) AND THE DISCOUNT SAFE HARBOR PROMULGATED THEREUNDER AND CURRENTLY FOUND AT 42 C.F.R. §1001.952(H).

7. **Resale of Products.** Participating Member hereby certifies that it is purchasing Products from Distributor for its own use and will not resell or redistribute Products.

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO		**Distributor**	
Print Name of Person Signing	Holly Masquelier-Woodson	Print Name of Person Signing	
Signature		Signature	
Title of Person Signing	Director of Materials & Purchasing	Title of Person Signing	
Phone Number	580.331.1409	Date Signed	
E-mail Address	holly.masquelier@crhaok.com		
Date Signed			
Entity Code	AU2842		
Print Name of Participating Member/GPO	Clinton Regional Hospital		
Address	100 N 30th Street		
City and State	Clinton OK 73601		

Upon completion, please submit this form to both Distributor and Premier.

Distributor Information –
Fax: 972.446.4698
Email: PremierSupport@McKesson.com

Premier Healthcare Alliance, L.P.–
Fax: 704.816.3509
Email: PremierPMDF@PremierInc.com

AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
Effective December 31, 2021

DISTRIBUTOR: McKesson Medical-Surgical Inc.
CONTRACT NUMBER: PP-LA-509
CONTRACT DATES: 01/01/2019 – 12/31/2024
PRODUCT CATEGORY: Specialty Distribution-Laboratory and /or Research Products

SCHEDULE 1

LIST OF PARTICIPATING MEMBER'S (or GPO's) FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO]

Participating Member/GPO name: _____

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name
AU2842	Clinton Regional Hospital	Clinton	OK	580.331.1409	Holly Masquelier-Woodson

PERFORMANCE HEALTH
Formerly Patterson Medical

CORPORATE HEADQUARTERS
28100 Torch Parkway, Suite 700
Warrenville, IL 60555-3938

Main 630.393.6000
Fax 630.393.7600

performancehealth.com

GROUP PURCHASING DESIGNATION FORM

The facility named below is a Member of PREMIER HEALTHCARE ALLIANCE and hereby selects to utilize this Group Purchasing Organization's Agreement for all purchases of Rehabilitation Supplies and Equipment from Performance Health, regardless of Member's other GPO affiliations.

This form will supersede any current purchasing relationship between this facility and Performance Health.

Clinton Regional Hospital
Facility Name

100 N 30th Street
Facility Address

Clinton OK 73601
City, State, Zip

Performance Health Customer Number, if known_____

Relationship to above mentioned GPO: (Please check one)

OWNED_____MANAGED_____

PURCHASING PROGRAM PARTICIPANT_____

The undersigned representative executing this GPO Designation Form warrants that they are an authorized representative of this Facility.

_____ _____
Signature Date

Holly Masquelier-Woodson Director of Materials & Purchasing
Print name Title

Please fax this form to 855-411-1918

ACTIVE ANKLE BIOFREEZE Bon Vital' Cramer days homecraft HYGENIC JAMAR metron
PERFORM Rolyan SammonsPreston THERABAND THERA°PEARL Tumble Forms2

PHILIPS

Patient Care and Clinical Informatics ("PCCI")
Contract Designation Form
Submitted pursuant to the PCCI Agreement
between
Philips Healthcare
a division of Philips Electronics North America Corporation ("Philips")
and

CUSTOMER TO ENTER GPO OR MHS
(Multi Hospital System or Group Purchasing Organization)

1. MEMBERSHIP
Member hereby affirms that it is a valid Member of the multi-hospital system ("MHS") or group purchasing organization ("GPO") indicated above. Member is defined as a Hospital or other legal entity under contract with the MHS or GPO.

2. DESIGNATION
Member hereby designates MHS or GPO as its sole representative for negotiating purchase agreements with the Patient Care and Clinical Informatics ("PCCI") division of Philips. Member agrees that such designation will remain in effect so long as Member continues its present association with MHS or GPO or until PCCI receives notification that Member's participation is discontinued. In such event, Member shall no longer be eligible to purchase under the agreement between GPO or MHS and Philips ("Agreement").

3. PURCHASES
Members are responsible for obtaining a copy of their purchase agreement directly from the MHO or GPO. Member agrees that all purchases of PCCI products shall be governed exclusively by the terms and conditions of the Agreement. Member's additional or different terms and conditions, whether stated in a purchase order or other document issued by Member, are specifically rejected and shall not apply to the transactions between Member and PCCI products.

4. CANCELLATION
Any existing Designation Form between Philips and Member shall be canceled on the date of Philip's acceptance of this Designation Form.

IMPORTANT!!

- Orders referencing a purchase agreement cannot be placed until Philips receives and accepts this signed designation form.
- All orders must reference the purchase agreement number to receive a discount.
- Upon Philips acceptance of this form, after it is signed by the Member and returned to Philips, Philips will countersign and return a copy to the MHS or GPO referencing the purchase agreement in the space below.

MEMBER

Clinton Regional Hospital
Hospital

100 N 30th Street
Street Address

Clinton OK 73601
City, State, Zip

Holly Masquelier-Woodson Director of Materials & Purchasing
Typed Name/Title

holly.masquelier@crhaok.com
eMail

580.331.1409 _____
Phone Fax

_____
Signature/Date

PHILIPS

_____
Typed Name/Title

_____
Signature/Date

After completing Designation Form, mail/fax to:
Philips Healthcare
Andover Business Center / MS0400
3000 Minuteman Road
Andover, MA 01810
Phone: (800) 934-7372
Fax: (800) 947-3299

Amendment No. ____
Contract No.: _____
Date: _____
Contract Manager: _____
2011-12-30 Rev. 2

EXHIBIT K
GPO DESIGNATION CHANGE FORM

SELLER: Roche Diagnostics Corporation
CONTRACT NUMBER: PP-LA-524
PRODUCT CATEGORY: Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service

AMENDMENT TO PRODUCT SCHEDULE

This amendment ("Amendment") amends the Schedule(s) dated _____ (the "Original Schedule(s)") by and between Roche Diagnostics Corporation ("Seller"), an Indiana corporation having its principal place of business at 9115 Hague Road, Indianapolis, Indiana 46250, and Clinton Regional Hospital, a corporation with its principal place of business at 100 N 30th Street Clinton OK 73601 ("Participating Member"). Participating Member and Seller shall be referred to collectively as the "Parties." This Amendment shall be effective (the "Effective Date") on the date it is signed by an authorized Seller representative in Seller's Indianapolis offices.

Preliminary Statement:

Participating Member has indicated to Seller that Participating Member wishes to change its Group Purchasing Organization ("GPO") affiliation for purposes of arranging for the purchases of Products made under the Original Schedule(s), and the Parties wish to amend the Original Schedule(s) to facilitate this change and allow Seller to pay administrative fees accordingly for the services of such new GPO.

Agreement:

In consideration of the premises, the mutual covenants contained herein, and for other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereto agree as follows:

1. Any capitalized terms used herein and not otherwise defined shall have the meanings ascribed to them in the Original Schedule(s). Any terms, conditions or commitments contained in the Original Schedule(s) not otherwise amended herein will remain in full force and effect, and are incorporated herein by reference.
2. Participating Member designated _____ as its GPO affiliation in the Original Schedule(s). Participating Member now designates **PREMIER HEALTHCARE ALLIANCE** as its GPO affiliation. By doing so, Participating Member acknowledges and agrees that as of the Effective Date (a) the Original Schedule(s) (including pricing, payment terms, other terms and conditions and volume commitments) as well as applicable terms of the master agreement between Seller and Participating Member ("Master Agreement") will remain in effect in accordance with its terms; (b) the terms of the contract between Seller and **PREMIER HEALTHCARE ALLIANCE** (the "New GPO Agreement") will now govern the Original Schedule(s) and Master Agreement, and in the event of any conflict between the terms of the Original Schedule(s) and Master Agreement and the terms of the New GPO Agreement, the terms of the New GPO Agreement will control; (c) this Amendment, together with the underlying Original Schedule(s), shall constitute a member agreement under New GPO Agreement; (d) any non-contracted or complimentary pricing for Products made available to Participating Member by reason of its affiliation with _____ will terminate, and Seller shall switch Participating Member to the corresponding pricing for which Participating Member is eligible as a member of **PREMIER HEALTHCARE ALLIANCE**; and (e) any new Products added to the Original Schedule(s) by Participating Member will be added at the pricing available to members of **PREMIER HEALTHCARE ALLIANCE** by amendment to the Original Schedules.
3. Participating Member's qualifications for participation in any "value-add offered to members of **PREMIER HEALTHCARE ALLIANCE** will be measured solely from additional commitments to purchase Products which are added to Participating Member's Original Schedule(s) after the Effective Date of this Amendment.

EXHIBIT K
GPO DESIGNATION CHANGE FORM

SELLER: Roche Diagnostics Corporation
CONTRACT NUMBER: PP-LA-524
PRODUCT CATEGORY: Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service

By signing this Amendment, Participating Member is warranting that the person signing has the authority to do so.

Roche Diagnostics Corporation
Signature: _____

Name: _____

Title: _____

Effective Date: _____

"Participating Member"
Signature: _____

Name: Holly Masquelier-Woodson

Title: Director of Materials & Purchasing

Date: _____

SIEMENS Healthineers

Siemens Healthineers
Primary Buying Organization
Designation Form
(Laboratory Products)

Clinton Regional Hospital (Account Name) hereby designates PREMIER HEALTHCARE ALLIANCE (Primary Buying Organization)

as its "Primary Buying Organization" for all Siemens Healthcare Diagnostics laboratory products.

100 N 30th Street Address	Clinton Regional Hospital Account Name
Clinton OK 73601 City, State, Zip	 Signature of Authorized Representative
580.331.1409 Phone Number	Holly Masquelier-Woodson Print Name of Authorized Representative
 Date	Director of Materials & Purchasing Title

Upon signing this Buying Organization Designation form, purchases will be tracked under designated Buying Organization and Member will be eligible to exercise the designated Buying Organization's contracts in place with Siemens Healthineers. Existing Member committed agreements/pricing shall not be modified by this designation.

Please fax to the attention of Corporate Accounts at (847) 267-5333
OR
Email it to: CORPACCTLOD.team@siemens-healthineers.com
OR
Mail to the address below; Attn: Corporate Accounts

August, 2018

2501 N Barrington Road
Hoffman Estates, IL 60192-2061

(847) 304-7700
www.siemens.com/diagnostics

SIEMENS Healthineers

Group Purchasing Organization Designation Form

Clinton Regional Hospital "Company", hereby designates PREMIER HEALTHCARE ALLIANCE
Company Name GPO Name/Owner System

as its "Designated Group Purchasing Organization" for all purchases of Siemens Medical Solutions USA, Inc. Capital Imaging products for the following facilities ("Facility"): (If more Facilities are necessary, please use attached sheet.)

Facility Name	Address (Number, Street, City, State, Zip)	GPO Member ID or GLN
Clinton Regional Hospital	100 N 30th Street Clinton OK 73601	

The Authorized Representative signing this Designation Form represents and warrants that he or she has the authority to bind the indicated Facility (Facilities) and to execute and deliver this Designation Form.

Signature of Authorized Representative

Date

Holly Masquelier-Woodson
Print Name of Authorized Representative

580.331.1409
Phone number

Director of Materials & Purchasing
Title

Upon signing this Designation Form, Facility agrees to purchase all of its Capital Imaging products under the Designated Group Purchasing Organization and no other Group Purchasing Organization. Previously signed purchasing or service agreements shall not be modified by this designation. Processing of this Designation Form may take up to 30 days after receipt by Siemens; it is the responsibility of Customer to ask for a refresh of its product quotation if the GPO indicated on that document is incorrect.

Return completed form to:
Attention: Commercial Contracts Group
Siemens Medical Solutions USA, Inc.
40 Liberty Blvd.
Malvern, PA 19335-9998
Scan & Email to: hq.nationalaccounts.team@siemens-healthineers.com

Staples

GPO MEMBER DESIGNATION AGREEMENT

GPO Member Name ("Customer"): Clinton Regional Hospital

Address: 100 N 30th Street

City: Clinton State: OK Zip: 73601

Phone: 580.331.1409 Email: holly.masquelier@crhaok.com

Staples Account Manager:

Staples Account #

☐ *Customer has more than 1 location, include attached list of locations participating in Custom Agreement.*

Primary GPO affiliation (select only 1):

- ○ Aesyntix
- ○ APN (Alliance Purchasing Network)
- ○ Forum Purchasing
- ○ GreenHealth Exchange
- ○ Intalere (fka Amerinet)
- ○ HealthTrust
- ○ HPSI
- ○ MHA/Navigator/MEDGroup
- ○ Premier
- ○ Vizient (fka Novation)
- ○ Other

Primary GPO Member ID: AU2842 *(if more than 1 membership ID, please attach a list)*

With respect to the agreement between Staples Contract & Commercial, LLC, operating as Staples Advantage ("Staples") and the above GPO, under which Customer is a purchasing member (the "GPO Agreement"),

Customer acknowledges that as of 9/1/25 ("Effective Date"), the GPO selected above is Customer's designated primary GPO with respect to Staples, and:

Customer understands that all pricing, contract terms & conditions, payment terms, sales reports, incentives and rebates will be in accordance with the GPO contract that I have designated above. Customer also understands that any GPO that is not designated above will not be paid any rebates or administrative fees for the purchases my organization makes pursuant to the contract between Staples and the GPO designated above ("GPO Agreement"). Customer may not purchase from Staples under multiple GPO programs, and combinations of pricing and/or incentives are prohibited.

Customer shall not disclose the terms of its agreement with Staples and/or the GPO Agreement to any other person or entity outside its organization and affiliates, other than to a person or entity which has executed Staples' standard form of confidentiality and non-disclosure agreement, or as otherwise required by law. Except as otherwise described in this GPO Designation Agreement, the terms & conditions of the GPO Agreement shall apply.

All terms & conditions of the selected GPO Agreement shall remain in full force and effect.

Contact (Please Print): Holly Masquelier-Woodson **Contact Title:** Director of Materials & Purchasing

Customer Signature: **Date:**

Send signed document to: HealthcareRequests@Staples.com OR FAX to 303-209-4816.

Teleflex LLC

3015 Carrington Mill Blvd.
Morrisville, NC 27560
USA
Phone: 919-544-8000
Fax: 919-361-4195

Email :
gpodeclaration@teleflex.com

www.teleflex.com

Customer GPO Membership Declaration

Account Name: Clinton Regional Hospital
Type or Print Clearly

Associated Teleflex Account Numbers: _____
Account numbers provided will be reviewed and confirmed by Teleflex

To ensure appropriate pricing alignment to your designated GPO, please take a moment to confirm the following for the purchase of Teleflex products.

Primary Group Purchasing Organization Membership: (Select ONE only)
The Primary GPO selection will be the default pricing extended to your facility for purchases as when as an existing contract is in place.

___Intalere ___HPG ___Vizient ☑ Premier

___Other: _____

Secondary Group Purchasing Organization Membership: (Select ONE only)
In the event that an existing contract is not in place for the items being purchased, pricing for a secondary GPO will be extended.

___Intalere ___HPG ___Vizient ___Premier

___Other: _____

Authorized Facility Representative

Name (Printed): Holly Masquelier-Woodson Title: Director of Materials & Purchasing

Signature: _____ Date: _____

Email: holly.masquelier@crhaok.com Telephone: 580.331.1409

The Teleflex family of products includes Arrow®, Deknatel®, Gibeck® Hudson RCI®, KMedic®, Pilling®, PleurEvac®, Rusch® Sheridan® SMD® Taut®, Vasonova® and Weck®, all of which are registered trademarks of Teleflex Incorporated or its affiliates.

Please return completed GPO declaration form to Teleflex:
Email: gpodeclaration@teleflex.com or Fax: 919-361-4195

PREMIER

Pharmacy Conversion *Member Input Form*

Please provide the information requested below in preparation for documenting your choices in the various Pharmacy programs available through Premier contracted suppliers. The information on this form will be used to auto-populate the many forms in the Performance Program (LOC, LOP, etc.), Declarations, and if applicable, Auto-Sub and DSH.

The form fields will be filled in based on the information you supply here. This DOES NOT activate or imply approval of any of the agreements or commitments. You will have the opportunity to review and officially sign only the documents that you choose.

New GPO:	Effective Start Date:	Previous GPO:
PREMIER HEALTHCARE ALLIANCE, L.P.	09/01/25	

Facility Name:	System Name:
Clinton Regional Hospital	

Member Address:	Address Line 2:
100 N 30th St	

City:	State:	Zipcode:
Clinton	OK	73601

DEA:	HIN:	DSH ID:	Entity Code:	Class of Trade:
FC3497028			AU2842	Acute

Pharmacy Authorized Signee:

Name:	Holly Masquelier-Woodson
Title:	Director of Materials & Purchasing
Fax:	
Phone:	(580) 331-1409
Email:	holly.masquelier@crhaok.com

Distributor / Wholesaler:

Name:	
City:	
State:	
Zip:	

Other Notes:	

Please submit this form via e-mail upon completion. Thank-you for your participation and please ask your Premier contact if you have any questions throughout the process.

SELLER: Amgen USA Inc.
CONTRACT NUMBER: PPPH18AMG04 (Amgen #00106268)
PRODUCT CATEGORY: Brand Pharmaceuticals

Exhibit J
Amgen Eligible Member Declaration Form

PREMIER

Member Name: Clinton Regional Hospital

Address: 100 N 30th St

City: Clinton, State: OK, Zip: 73601

HIN # _____ or Other ID #: FC3497028

_____ **this is an Affiliate** (An Affiliate of an entity on contract with Amgen, is an entity that controls, is controlled by, or under common control with such given entity. "Control" shall mean ownership of more than fifty percent (50%) of the voting stock of an entity or, for non-stock entities, the right to more than fifty percent (50%) of the profits of such entity); **please specify the nature of affiliation and list affiliates on attached page.**

Dear Premier Member:

Premier Healthcare Alliance, L.P. ("Purchasing Group") has recently entered into a Group Purchasing Organization Agreement with Amgen, Agreement No. PPPH18AMG04 ("GPO Agreement") for availability of discounts and rebates for Purchasing Group's members on purchases of Amgen Product from Authorized Wholesalers. In order to participate under the GPO Agreement, please certify your request to be eligible for discounts on purchases of Amgen Product exclusively through Purchasing Group under the GPO Agreement by signing below. If you currently are eligible for discounts on purchases of Amgen Product through another group purchasing organization, you must terminate your affiliation with that group purchasing organization for your discounts on purchases of Amgen Product and agree to only participate in the eligibility for discounts on purchases of Product through Purchasing Group pursuant to the terms and conditions of the GPO Agreement. If you currently are eligible for discounts on purchases of Amgen Product through another agreement with Amgen, you are hereby terminating that agreement and agree to only participate in eligibility for the discounts on purchases of Amgen Product during the GPO Agreement term through Purchasing Group pursuant to the terms and conditions of the GPO Agreement. You will be required to execute a new Declaration Form for any change in your affiliation and each time a change in your affiliation occurs, for such change in your affiliation to be recognized by Amgen. If you have no current affiliation with a GPO, upon receipt of your executed Declaration Form by the Amgen Membership Department, the effective date of your requested change shall be as soon as practicable for Amgen and such effective date shall be disclosed in writing by Amgen to your Purchasing Group in advance of such effective date. All other requested affiliation changes will be effective thirty (30) days after your executed Declaration Form is received by the Amgen Membership Department, unless Amgen notifies your Purchasing Group in writing of a later date.

Declaration

On behalf of Member Name: Clinton Regional Hospital ("Member") and its affiliates, the undersigned agrees to and certifies the following:

1) Member agrees to only participate in the eligibility for discounts on purchases of Amgen Product through Purchasing Group pursuant to the terms and conditions set forth in the GPO Agreement, unless Amgen is provided thirty (30) days written notice of Member's desire to discontinue participation under the GPO Agreement;

SELLER: Amgen USA Inc.
CONTRACT NUMBER: PPPH18AMG04 (Amgen #00106268)
PRODUCT CATEGORY: Brand Pharmaceuticals

2) Member hereby declares that it will not participate in the eligibility for discounts on purchases of Amgen Product under any other affiliation agreement or arrangement and will not avail itself of the discount and rebate terms on purchases of Amgen Product pursuant to any other agreement;

3) Member agrees that it will purchase Amgen Product from Authorized Wholesalers only for its "own use" in its hospital/office(s) for the exclusive treatment of its patients and shall not transfer Amgen Product made available pursuant to the terms of the GPO Agreement to any person or entity or to any third party other than the end user patient, nor make the terms set forth in the GPO Agreement available to or for the benefit of any person other than Member;

4) Member acknowledges and agrees that Member shall provide Amgen and membership@amgen.com with notice of any changes to Member's information including the addition of any affiliate hospitals or the removal of any closed affiliate hospital and/or the removal of affiliate hospitals with no patients no less than thirty (30) days prior to the effective date of such change;

5) Member shall provide Amgen with written notice of any changes to the Control, as defined in this Declaration Form and in the GPO Agreement, for either the member or its affiliates. Member must provide Amgen notice by email notification transmitted to membership@amgen.com within thirty (30) days after the effective date of such change; and

6) The undersigned has the full power and authority to execute this Declaration on behalf of Member and its legal affiliates. A list of Member's legal affiliates that will participate under the GPO Agreement, including name, address, phone number and Health Industry Number (HIN) has been attached to this Declaration Form.

Signature: _____

Print Name: Holly Masquelier-Woodson

Print Title: Director of Materials & Purchasing

Date: _____

HIN or other ID: FC3497028

Email to: Amgen Membership at **membership@amgen.com** with copy to

Rosters@Premierinc.com (Attn: Premier/Amgen Declaration Form)

EXHIBIT Q
AstraZeneca Pharmaceuticals LP
Group Purchasing Organization Declaration Form

To comply with the AstraZeneca Single Dedication Policy, please accept this declaration that
Clinton Regional Hospital
(Facility Name)

A. (profit) or (non-profit as defined under 26 U.S.C. 501(c)(3)) Hospital

☐ LOKELMA Discharge Protocol / Discharge Order Set Eligible

B. (profit) or (non-profit) organization that maintains a closed-door pharmacy (no retail affiliation or sales to the general public) or a combination Pharmacy (segregated inventories for retail and closed-door pharmacy)

("Facility") is declaring PREMIER HEALTHCARE ALLIANCE, L.P.
as the exclusive Group Purchasing Organization ("GPO") for contract eligibility with AstraZeneca.

This document serves 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. References to AstraZeneca Products herein shall refer to AZPLP Products. Facility agrees to permit AstraZeneca to audit annually, on reasonable notice and during normal business hours, all books and records of the undersigned related to any AstraZeneca Products purchased by Facility. Facility certifies 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 (the "Agreement") 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. Facility also certifies that (i) Facility's pharmacy(ies) that dispenses AstraZeneca Products that are the subject of the Agreement 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 Agreement 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. AstraZeneca reserves the right to terminate Facility's Authorized Membership if at any time it is discovered by AstraZeneca that (i) Facility is generating duplicate utilization (i.e., the Facility has received reimbursement for such utilization through a Separate Agreement in addition to the GPO Discount Agreement), or (ii) AstraZeneca discovers that Facility does not meet the definition of their declared Class(es) of Trade.

THIS SECTION IS NOT APPLICABLE TO HOSPITALS: Please check ☒ the box which best describes your facility:

☐ **Clinic Non-Dispensing Oncology Clinic**
☐ **Physician/Practitioner**
☐ **Home Health/Home Infusion**
☐ **Self-Dispensing Oncology Clinic** ***(has on-site pharmacy or dispensary)***
☐ **Hospice HMO Facility**
☐ **Rehabilitation Facility**

☐ **Long Term Care Facility (Nursing Home/Nursing Home Provider)**
- Nursing Home Provider – Sales of products purchased are limited to licensed nursing homes, approved correctional facilities and other long-term care facilities for their own use.

☐ **Combination Pharmacy (Closed Door/Retail)**
- Combination Pharmacy is defined as a pharmacy with segregated inventories for retail and closed-door within the same facility. A retail & closed-door DEA, HIN, or Wholesaler ID must be provided to show separation of retail from closed-door inventory.

and/or

_____ *(Retail DEA/ HIN Number)*
_____ *(Retail Wholesaler Acct #)* and/or
_____ *(Closed-door DEA or HIN#)*
_____ *(Closed Door Wholesaler Acct #)*

☐ Other (if checked, please explain on the line) _____

THIS SECTION MUST BE COMPLETED/SIGNED FOR A CUSTOMER TO BE REVIEWED AS A POTENTIAL AZ CUSTOMER:

_____ *(Signature of Director of Pharmacy)* *(Date)*
Holly Masquelier-Woodson *(Printed Name)*
Director of Materials & Purchasing *(Job Title)*
09/01/25 *(Effective Date)*
(580) 331-1409 *(Phone #)*
_____ *(Fax #)*

Clinton Regional Hospital *(Facility Name)*
100 N 30th St *(Address)*
Clinton OK 73601 *(City, State, Zip)*
FC3497028 *(DEA #)*
_____ *(HIN#)*
holly.masquelier@crhaok.com *(e-mail address – if available)*

Please return completed form to: Membership@astrazeneca.com
Note: This change will be effective 10 days from receipt by AstraZeneca.

01/01/2022

©2017 PREMIER HEALTHCARE ALLIANCE, L.P.

GPO/BUYING GROUP DESIGNATION FORM

TO: Clinton Regional Hospital
(Company Name)

RE: _____ _____
(Contract Name) (Supplier Internal Contract Number)

FOR: _____
(Product Category)

GPO: PREMIER HEALTHCARE ALLIANCE, L.P.
(GPO Affiliation)

Please be advised that this Member chooses to use Products covered under the contract referenced above. Please take steps necessary to ensure this Member receives correct contract pricing.

Designated Authorized Distributor*: _____

Branch Location: _____ Account #: _____

Member Name*: Clinton Regional Hospital

Address*: 100 N 30th St

City, State, Zip*: Clinton OK 73601 **Telephone*:** (580) 331-1409

Authorized By (Print Name)*: Holly Masquelier-Woodson

E-Mail Address*: holly.masquelier@crhaok.com

Signature*: _____

Title*: Director of Materials & Purchasing

Date*: _____ **DEA or HIN#*:** FC3497028

Member Facility Type*: Acute

Approval/effective date* for above Member: 09/01/25

***Indicates required field**

Return completed form to:

BTG International (attn. Com Ops Strategic Contracting)
Street Address: 300 Four Falls Corporate Center, Suite 300
300 Conshohocken State Road
West Conshohocken, PA, 19428-2998 USA
Fax: 610 943 6018 (Attention: Com Ops Strategic Contracting)
Email: rebates@btgplc.com

Baxter Healthcare Corporation
25212 West Illinois Route 120, WG1-2N
Round Lake, IL 60073

Baxter

Group Declaration – New Premier Member

Dear Customer:

To comply with contract requirements and ensure proper pricing is in place prior to placing orders, it is Baxter Healthcare Corporation's policy that you purchase our products through only one GPO contract.

By signing this document, you are indicating that **Premier Purchasing Partners, L.P.** is your preferred GPO to purchase Baxter Healthcare Corporation's Multisource Pharmaceuticals, Anesthesia & Critical Care products, as well as the wholesaler(s) you use, if applicable. If a wholesaler is not designated, Baxter Healthcare Corporation will not be responsible for any price adjustments that may be required since the information was not supplied.

Please return your response either by mail to the address above, via fax at 224-270-3881or by email to RoundLake_MD_ACC_Membership@baxter.com.

Sincerely,

Baxter Membership Team

Please complete the information below for Multisource Pharmaceuticals, Anesthesia & Critical Care products:

Premier Member Name: Clinton Regional Hospital

Address: 100 N 30th St

City, ST, Zip Code: Clinton OK 73601

Baxter Account No.:

Customer DEA No.: FC3497028

Former Group Affiliation:

- **Primary Wholesaler**_____
- **Secondary Wholesaler**_____

_____ _____

Signature of Premier Member — Date

Holly Masquelier-Woodson — Director of Materials & Purchasing

Print Name — Title

holly.masquelier@crhaok.com

Email Address

PREMIER HEALTHCARE ALLIANCE, L.P.
PREMIER AMENDMENT #45 (ELI LILLY AMENDMENT #41) TO GROUP PURCHASING AGREEMENT - PHARMACEUTICALS

Attachment 3 to the Forty-First Amendment

Exhibit J-1: Eli Lilly and Company Group Purchasing Organization Declaration Form

Legal Name of Member: Clinton Regional Hospital
To be valid, form must be completed by an authorized individual employed by the Member.

Address: 100 N 30th St

City, State, Zip Code: Clinton OK 73601

Phone #: (580) 331-1409 **Pharmacy HIN:** _____

Pharmacy DEA #: FC3497028

Class of Trade ("COT"): Please check the box(es) below that best describes your Institution or the Institution you serve. Consult the COT definitions on pg 2 for further detail.

Acute Care:

- ☐ **Acute Care Hospital** (Employee Pharmacy ☐)
- ☐ **Acute Care Children's Hospital** (Employee Pharmacy ☐)
- ☐ **Long Term Acute Care Hospital (LTACH)**
- ☐ **System Affiliated Closed Door Outpatient Clinic**
- ☐ **System Affiliated Surgery Center**

Alternate Care:

- ☐ **Long Term Care Facility**

Group Purchasing Organization ("GPO") Selection Declaration:
By signing this document, Institution is authorizing Lilly to change its group purchasing affiliation. Institution is selecting or changing its GPO selection for buying Lilly Products through a group purchasing agreement ("GPO Agreement") between Lilly and GPO. All discount programs available with Current GPO Affiliation will be terminated upon receipt and acceptance by Lilly of this Declaration Form.

Current GPO Affiliation: _____ New GPO Affiliation: PREMIER HEALTHCARE ALLIANCE, L.P.

GPO Requested Pricing Effective Date: 09/01/25
Lilly will use the GPO Affiliation Effective Date to calculate pricing eligibility. Pricing eligibility will begin on the first (1st) or the fifteenth (15th) of a month based on the date that Lilly receives the Dec Form from the GPO. The Declaration Form must be received by Lilly at least fifteen (15) days prior to the proposed GPO Affiliation Effective Date; if not, pricing eligibility will begin the next occurring first (1st) or the fifteenth (15th) of the month that is at least fifteen (15) days prior to the date Lilly receives the completed Declaration Form.
Institution hereby represents and warrants to Lilly that it shall only utilize Lilly Products purchased under the GPO Agreement for its "OWN USE" as that term is used in Abbott Laboratories vs. Portland Retail Druggists Association, Inc., 96 S.Ct. 1305 (1976). Additionally, the above-named Institution acknowledges that Lilly will only recognize its affiliation with one GPO in relation to discount and/or rebate pricing of its Products.

Institution acknowledges its obligation to comply with all applicable laws and regulations regarding the purchase of Products under this Agreement. Institution is hereby informed that there may be an obligation to report discounts to the Department of Health and Human Services or applicable state agency. See United States Code of Regulations, Vol. 42, Part 1001 and Sec. 1001.952 (h) (1), (3). Institution agrees to forgo all other discounts for the same Products. Institution hereby recognizes that, should any discount be provided by Lilly to Institution in error, Lilly is hereby authorized to invoice Institution to collect any discount provided in error to Institution. Institution agrees to pay such invoice within thirty (30) days of receipt of an invoice. Institution reserves the right to review all information used by Lilly in determining the amount of discounts provided in error. Institution agrees to allow Lilly and/or its auditor to have access to any information in Institution's control that relates to Lilly Products necessary to audit GPO within the limits imposed by the GPO Agreement.

Current GPO Affiliation Programs:
For any Letter of Commitment or Letter of Participation (hereinafter referred to collectively as "LOC") executed by Institution for a discount program offered through Institution's Current GPO Affiliation, the discount pricing available under the LOC shall remain effective; provided however, (i) the same discount program for the same Lilly Product must be available through the Institution's New GPO Affiliation for the same Class of Trade, (ii) Institution must be eligible for participation in the same discount program for the same Lilly Product under New GPO Affiliation's GPO Agreement with Lilly; (iii) Institution agrees by signature below to comply with all terms and conditions of the New GPO Affiliation's discount program; and, (iv) in the event that Institution has executed an LOC for a discount program that is not available with the Institution's New GPO Affiliation, LOC for Institution will be terminated upon receipt and acceptance by Lilly of this GPO Declaration Form.

Director of Materials & Purchasing

Authorized Representative of Institution (Signature)

Title of Authorized Representative

Holly Masquelier-Woodson

Authorized Representative of Institution (Printed Name)

Date of Signature

Lilly retains the sole right to determine eligibility of Institution signing this Declaration Form..
Retail pharmacies are not eligible for pricing pursuant to this GPO Agreement.

GPO must send Completed Form to Eli Lilly and Company at GPOinfo@lilly.com. *Declarations sent to GPOinfo@lilly.com directly from Premier Members will not be accepted.*

Acute Care Class of Trade Definitions:

Acute Care Hospital: A hospital facility whose purpose is to provide immediate or short-term (acute) care in an inpatient setting (operating 365 days per year 24 hours per day and listed in the American Hospital Association Directory). Pharmaceuticals are dispensed under the direction of a registered pharmacist and the pharmacy is NEITHER owned NOR operated by any federal, city, state, or county government. A hospital in this Class of Trade may purchase products either through a Group Purchasing Organization (GPO), through a wholesaler/distributor, or directly from the manufacturer.

Acute Care Children's Hospital: A hospital facility servicing only minors whose purpose is to provide immediate or short-term (acute) care in an inpatient setting (operating 365 days per year 24 hours per day and listed in the American Hospital Association Directory). Pharmaceuticals are dispensed under the direction of a registered pharmacist and the pharmacy is NEITHER owned NOR operated by any federal, city, state, or county government. A hospital in this Class of Trade may purchase products either through a Group Purchasing Organization (GPO), through a wholesaler/distributor, or directly from the manufacturer.

Long Term Acute Care Hospital (LTACH): Any Medicare-participating hospital with an average length of stay exceeding 25 days that is not otherwise classified as a rehabilitation or psychiatric hospital designed to provide extended medical and rehabilitation care for patients who are clinically complex and have multiple acute or chronic conditions. LTACH's differ from nursing home/sub-acute programs in that their patients are much more acutely ill, often critically ill, and require more specialized treatment programs and intensive nursing interventions that are generally not available within sub-acute programs. Services for such facilities may include, but are not limited to, ventilation weaning programs, chronic respiratory care, rehabilitation and medical, post-operative, and pain and wound management services. There is to be clear separation of ownership from a host hospital for the LTACH hospital within a hospital model. Long Term Care Facilities do not fall within this class of trade definition.

System Affiliated Closed Door Outpatient Clinic: A closed door (pharmacy is closed to access by the general public and does not compete with retail trade) outpatient facility dedicated to the provision of various forms of treatment which maintains a separate pharmacy from a hospital. This facility will have a unique HIN/DEA from the hospital. Such facilities operate during set business hours (not 24 hours per day). Examples include drug rehab clinics, alcohol treatment centers. Patients receiving care at this facility are associated with the facility's hospital system.

System Affiliated Surgery Center: A closed door (pharmacy is closed to access by the general public and does not compete with retail trade) outpatient facility, other than a physician's office, where surgical services are provided on an ambulatory basis which maintains a separate pharmacy from a hospital. This facility will have a unique HIN/DEA from the hospital. Such facilities operate during set business hours (not 24 hours per day). Patients receiving care at this facility are associated with the facility's hospital system.

Alternate Care Class of Trade Definitions:

Long Term Care Facility: Residential care facilities providing active patient care (skilled and non-skilled) over an extended period of time (generally greater than thirty (30) days) in an attempt to achieve the goals of treatment, rehabilitation and discharge; and/or residential assisted-living facilities that combine housing, personalized supportive services and health care designated to meet the individual needs of persons in need of assistance with the activities of daily living; and/or behavioral health facilities that provide active patient care over an extended period of time (residential, non-residential, or a hybrid model) where individuals receive all pharmacy services at the behavioral health facility. In each case, patient care services are not based in the patient's home (ie/ home health). Such facilities (1) provide health care to residents or aligned patients and provide pharmaceutical products only to its own residents or aligned patients (ie/ closed door); (2) have an agreement with a long term care pharmacy to provide pharmacy consulting for and dispense pharmaceuticals to residents or aligned patients of such facilities, but not via mail order; and (3) have authorized a long term care pharmacy to provide access to Lilly Products for such facilities pursuant to the terms in the GPO Agreement, solely for "OWN USE" by such facilities (i.e. use or dispensing of Lilly Products by such facilities only for its own residents or aligned patients at such facilities and under no circumstances for use with or for resale to non-residents/non-aligned patients or any other person or party).

EXHIBIT J
GENENTECH USA OWN USE CERTIFICATION

SELLER: Genentech USA, Inc.
CONTRACT NUMBER: PPPH18GNT01
PRODUCT CATEGORY: Brand Pharmaceuticals

Participant Name: Clinton Regional Hospital

Address: 100 N 30th St

City, State, and Zip Code: Clinton OK 73601

Class of Trade/Type of Provider: Acute

DEA/HIN: FC3497028

Contact Number/Email: (580) 331-1409 holly.masquelier@crhaok.com

This Own Use Certification is executed and delivered pursuant to Section 4 of the Agreement. Capitalized terms not otherwise defined in this Own Use Certification shall have the meaning ascribed to such terms in the Agreement. Any alterations or modifications to this form will render it null and void.

I, Holly Masquelier-Woodson, hereby certify that I am the Director of Materials & Purchasing of Clinton Regional Hospital and that I am duly qualified and authorized to sign this Own Use Certification on behalf of the Participant, as specified above and all sites listed on Own Use Certification Attachment, as applicable. I hereby represent and certify as follows:

1. The information provided herein is true and correct;

2. Participant shall purchase Product through an "Authorized Wholesaler" meaning a distributor of Products that has a direct agreement with Genentech and whom has entered into arrangements for the distribution of Products;

3. The Products purchased by the Participant under the Agreement are only for dispensing to its patients in connection with, and on the same day for injectable or infused products, the provision of treatment and/or evaluation, and not for resale to any wholesaler, retailer, internet pharmacy, institution, physician or any other person or entity, within or outside of the U.S. Participant shall maintain records of its Product purchases and the circumstances of dispensing same to adequately reflect its compliance with the terms of this provision;

4. If Participant fails to observe the terms of this Own Use Certification, Genentech may, at its option, remove such Participant from the Agreement, or immediately cease providing the Discounts and/or Contract Prices made available to Participant under any agreement with Genentech, and Genentech may at its option, take other action that Genentech deems appropriate; and

5. Participant agrees to indemnify Genentech and hold Genentech harmless from and against any loss, damage, cost and expense, including attorneys' fees, with respect to any claim or demand arising from the breach of this Own Use Certification by Participant. This provision shall survive termination of the Agreement with Genentech.

IN WITNESS WHEREOF, the undersigned has executed and delivered this Own Use Certification as of the date set forth below.

Signature: _____ Title: Director of Materials & Purchasing

Print Name: Holly Masquelier-Woodson Date: _____

Please send this "Own Use Certification" form:

Via email to: contractops@gene.com
Via eFax to: (877) 228-1912
Via Fax to: (650) 225-7715

Via Mail to: Genentech USA, Inc.
Attention: Contract Operations
1 DNA Way, Mailstop 312B
South San Francisco, CA 94080

EXHIBIT K
LETTER OF COMMITMENT

SELLER: Genentech USA, Inc.
CONTRACT NUMBER: PPPH18GNT01
PRODUCT CATEGORY: Brand Pharmaceuticals

Participant Name:	Clinton Regional Hospital
Address:	100 N 30th St
City, State, Zip Code:	Clinton OK 73601
Class of Trade/Type of Provider:	Acute
DEA/HIN:	FC3497028
Contact Number/Email:	(580) 331-1409 holly.masquelier@crhaok.com

Dear Holly Masquelier-Woodson:

Genentech USA, Inc. ("Genentech"), has entered into agreements with various group purchasing organizations for the purpose of setting the terms and conditions for purchase of certain Genentech Products by Participants under the applicable agreements. Currently, Genentech has your facility listed under more than one such group purchasing organization ("GPO"). Under the agreements we have with the GPO, Participants are allowed membership and participation with only one GPO for the purchase of Genentech Products. This "Letter of Commitment" is executed and delivered pursuant to the agreements between Genentech and the GPOs. In order to participate under the agreements in question, please identify below the GPO through which you shall be purchasing Genentech Products. You will be required to execute a new "Letter of Commitment" for any change in your affiliation to the GPO, and your new affiliation shall be effective forty-five (45) days after your request for such change has been made, subject to approval by Genentech. Capitalized terms not otherwise defined in this "Letter of Commitment" shall have the meaning ascribed to such terms in the applicable agreement between Genentech and the GPO in question.

I, Holly Masquelier-Woodson, hereby certify that I am the Director of Materials & Purchasing of Clinton Regional Hospital and that I am duly qualified and authorized to sign this Letter of Commitment form on behalf of the Participant as specified above, and all Participants listed on Attachment 1, incorporated herein to this Exhibit K by reference (collectively referred to herein as "Participants"). I hereby represent and certify as follows:

1. The information provided herein is true and correct;
2. Participants shall purchase all of its future requirements of Genentech Products solely through the GPO pursuant to the terms and conditions set forth in the agreement between Genentech and GPO;
3. Participants shall not purchase Genentech Products under any other affiliation agreement or arrangement and will not avail itself of the Discount and/or Contract Price terms for the purchase of Genentech Products pursuant to any other agreement;
4. If Participants fail to observe the terms of this "Letter of Commitment", Genentech may, at its option, immediately cease providing the Discounts and/or Contract Prices made available to Participants under the agreement between Genentech and the GPO, or any other agreement with Genentech, and Genentech may at its option, take other action that Genentech deems appropriate; and
5. Participants shall terminate any other current affiliation agreement or arrangement to purchase Genentech Products prior to purchasing Genentech Products under the agreement between Genentech and GPO.

Previous GPO Affiliation	Current GPO Affiliation	Current Affiliation Start Date
	PREMIER HEALTHCARE ALLIANCE, L.P.	09/01/25

IN WITNESS WHEREOF, the undersigned has executed and delivered this "Letter of Commitment" as of the date set forth below.

Signature: _____ Title: Director of Materials & Purchasing

Print Name: Holly Masquelier-Woodson Date: _____

Please send this "Letter of Commitment" form to:
via email to: contractops@gene.com
via mail to:Genentech USA, Inc.
Attention: Contract Operations
1 DNA Way, Mailstop 312B
Via eFax (877) 228-1912
Via fax to: (650) 225-7715
South San Francisco, CA 94080

GlaxoSmithKline

GROUP PURCHASING ORGANIZATION DESIGNATION AND BUSINESS TYPE ELIGIBILITY FORM

In order to access the available pricing and/or rebates under a Group Purchasing Organization (GPO) agreement, GSK requires that each eligible facility designate a GPO that currently has a contract with GSK. GSK permits each eligible facility to designate one Non Specialty GPO and multiple Specialty GPOs. If an eligible facility designates more than one Non Specialty GPO, GSK will consider the most recently received form notification as the operative Non Specialty GPO designation. GSK reserves the right to decline a facility's new or altered GPO designation.

Designations may be changed but will require thirty (30) days advance written notice to GSK. GSK reserves the right to refuse to extend a contract price to a facility that has failed to designate a GPO or does not meet contract eligibility requirements. A facility will be added to the designated GPO's contract(s) within thirty (30) days, if GSK determines that all contract eligibility requirements are met. (Declaration forms must be submitted for each location. "Blanket" declaration forms are not accepted.

I. COMPLETE ALL REQUESTED INFORMATION: (PLEASE PRINT) (INCOMPLETE FORMS WILL NOT BE PROCESSED)

FACILITY NAME: Clinton Regional Hospital

DEA# (Must be current & match facility address): FC3497028 HIN: _____

STATE LICENSE #: _____ DR NAME (if applicable): _____

DSH ELIGIBLE INPATIENT ACUTE FACILITY: YES ☐ NO ☐ DSH ID (if applicable): _____

PHYSICAL ADDRESS: 100 N 30th St SUITE #: _____

CITY: Clinton STATE: OK ZIP: 73601

TELEPHONE #: (580) 331-1409 EMAIL: holly.masquelier@crhaok.com

II. MUST DESIGNATE SOLE GROUP PURCHASING ORGANIZATION (GPO): PREMIER HEALTHCARE ALLIANCE, L.P.

III. PLEASE CERTIFY (*) TYPE OF BUSINESS FOR ABOVE FACILITY BY CHECKING ONE OF THE BOXES BELOW: (Business Type will be confirmed via research, telephone surveys, and site surveys, etc.)

☐ Ambulatory Surgical Center	☐ Hospital Employee Pharmacy	☐ On-site Outpatient Hospital Pharmacy
☐ Combo Pharmacy Vaccines	☐ Inpatient Treatment Center	☐ Outpatient Clinic in a Hospital
☐ Correctional Facility Provider	☐ Inpatient Psychiatric Facility	☐ Physician Clinic/Doctor's Office
☐ Correctional Facility	☐ Nursing Home Provider Pharmacy	☐ Renal Dialysis Center
☐ Emergency Care/Urgent Care Center	☐ Nursing Home	☐ Retail
☐ Health Clinic	☐ Occupational Med/Workman's Comp	☐ Specialty Pharmacy: Hospital/Health System Owned
☐ Home Health Care/Home Infusion	☐ Oncology Clinic	☐ Student Health Center
☐ Hospice	☐ On-site Inpatient Hospital	☐ Visiting Nurse

IV. (*) CERTIFICATION: By signing below, Facility certifies, under penalty of perjury, that all of the above information is true and correct. Further, Facility certifies and agrees that (1) any GSK product purchased under any agreement shall be for its "Own Use," as defined by the United States Supreme Court in its opinions report at Abbott Laboratories et al. v. Portland Retail Druggist Association, Inc., 425 U.S. 1 (1976), and Jefferson County Pharmaceutical Association, Inc., v. Abbott Laboratories, et al., 103 S. Ct. 1011 (1983), and (2) GSK may, in its sole discretion, contact Facility's staff, and/or visit Facility's locations to verify that the above information is correct, and Facility agrees to provide such information to GSK as is reasonably necessary for GSK to make such a determination.

Holly Masquelier-Woodson	Director of Materials & Purchasing		
Print Name *(Required)*	Title *(Required)*	Signature *(Required)*	Date *(Required)*

Email Form to uxx44702@gsk.com

Updated 9.15.2021

A
Product Program Letter of Participation – Appendix 1 to Schedule A

REQUEST for GPO Affiliation Update

The purpose of this form is to request an update of the selected Group Purchasing Organization (GPO) for Product Programs. Terms and Conditions, including effective date of GPO affiliation updates, will be determined as set forth in Schedule B to the LOP. This form should be completed in its entirety and emailed to Merck Customer Contract Management (lopprocessingcenter@merck.com) or submitted via other approved electronic means. Incomplete requests cannot be processed. If more space is required, please submit a list in MS Excel, formatted as below.

The newly selected GPO will be effective for all enrolled Product Programs. For entities in a Participant System, the newly selected GPO will be effective for all entities in the Participant System and for all enrolled Product Programs.

Clinton Regional Hospital

Participant/Participant System Name: _____ New GPO Name: PREMIER HEALTHCARE ALLIANCE, L.P.

Please update the GPO affiliation for the following entities/locations:

Entity/Location Name	Complete Address (Street address, City, State, Zip)	Director of Pharmacy	DEA or HIN	Name of Merck Representative
Clinton Regional Hospital	100 N 30th St	Holly Masquelier-Woodson	FC3497028	
	Clinton OK 73601			

By signing below, you are representing and warranting that you have authority to change the GPO affiliation for all entities/locations or Participant Systems listed:

Authorized Signature:	Printed Name:	Title:	Email address:	Date:
	Holly Masquelier-Woodson	Director of Materials & Purchasing	holly.masquelier@crhaok.com	
For Merck CCM Use only	Accepted and Approved by:	Date:	Merck Internal System Name:	Merck Internal System ID:

Exhibit G-2

Novo Nordisk Inc. Group Declaration Form

This document serves as a written confirmation of a primary group purchasing relationship with Novo Nordisk. Novo Nordisk only allows a single group (GPO) relationship, therefore, a primary GPO and Pharmacy Start Date is requested below. This document will supersede any prior GPO relationship.

Participating Member DEA/HIN#:	FC3497028
Participating Member National Provider ID #:	
Primary Wholesaler:	
Secondary Wholesaler:	
Primary GPO:	PREMIER HEALTHCARE ALLIANCE, L.P.
Former GPO:	
Pharmacy Start Date:	09/01/25
Participating Member Name:	Clinton Regional Hospital
Participating Member Address:	100 N 30th St Clinton OK 73601
Contact Name:	Holly Masquelier-Woodson
Title:	Director of Materials & Purchasing
Email:	holly.masquelier@crhaok.com
Phone:	(580) 331-1409
Signature:	
Date:	

Novo Nordisk shall have up to five (5) business days from the date the completed Group Declaration Form is received, to process any changes in primary GPO designation. Return completed forms to nnibidnotification@novonordisk.com.

EXHIBIT J: SELLER'S GROUP PURCHASING ORGANIZATION DESIGNATION FORM

PACIRA BIOSCIENCES, INC.

GPO Primary Group Designation Form

Account Name:	Clinton Regional Hospital				
Address:	100 N 30th St				
City:	Clinton	State:	OK	Zip Code:	73601
DEA #:	FC3497028	HIN #:			
Class of Trade:	Acute				

Is the Account part of a Health System? ☐ **Yes** ☐ **No** **(must check one)**

If "Yes" please identify the Health System

NAME OF HEALTH SYSTEM: _____

Is this form affecting MULTIPLE ACCOUNTS? ☐ **Yes** ☐ **No** **(must check one)**

If "Yes", the Facility List on the next page must be completed.

Is the Account an acute hospital, health system, ambulatory surgery center, or other acute care facility (or is it owned, leased or otherwise controlled by such an entity)? ☐ **Yes** ☐ **No** **(must check one)**

The undersigned, duly authorized representative of the above identified Account (the "Member"), by signing this GPO Primary Group Designation Form, hereby acknowledges and agrees on behalf of itself and all of its present and future affiliates, including without limitation the owned, leased and/or controlled facilities identified on Facility List attached hereto ("Affiliates"), that such Member and its Affiliates hereby elect to purchase all products and/or services manufactured or provided by Pacira Pharmaceuticals, Inc. and its affiliates ("Pacira") (such products and/or services, collectively, "Contract Products") through the group purchasing organization ("GPO") agreement between Pacira and Premier Healthcare Alliance, L.P. ("Premier"). Member also hereby designates Premier as the Member's primary GPO, and such designation shall remain in effect until such time this Form may be superseded by a subsequently written notice expressly designating another GPO as the primary GPO executed by Member, upon receipt by Pacira.

Member hereby confirms and notifies Pacira that Member elects on behalf of itself and its Affiliates not to purchase Contract Products from Pacira under any other contract between Pacira and any other GPO , and this GPO Primary Group Designation Form shall supersede any existing letter of participation, letter of commitment or other GPO membership designation previously entered or agreed to by Member with respect to Member's (or any of its Affiliates') purchases of Contract Products . For clarity, this GPO Primary Group Designation Form shall not affect the pricing or terms of any existing direct agreement solely between Member and Pacira.

APPROVAL SIGNATURES

Authorized Account Signature:			
Print Name:	Holly Masquelier-Woodson		
Title:	Director of Materials & Purchasing	Date:	
Email Address:	holly.masquelier@crhaok.com		

Please return completed form to: Britney.Horrocks@pacira.com and Brian.Marcoux@pacira.com

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EXHIBIT J: SELLER'S GROUP PURCHASING ORGANIZATION DESIGNATION FORM

Facility List

Owned, Leased and/or Managed

Member acknowledges and declares that all facilities listed below are owned, leased and/or controlled by: Clinton Regional Hospital

	Entity Code	Member Name	Address	City	State	DEA	HIN	Class of Trade	Top Parent Name
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Add additional pages if necessary

PREMIER HEALTHCARE ALLIANCE, L.P. TO GROUP PURCHASING AGREEMENT
PREMIER CONTRACT # PPPH18SNA01

MUST READ

SANOFI AVENTIS

MEMBER REQUIREMENTS TO BE ATTACHED TO PREMIER AGREEMENT

New members and members switching GPOs, must send an email notification to Sanofi Aventis inclusive of the information required as noted below to: membership.application@sanofi.com.

Participating Member Facility Name:	Clinton Regional Hospital
Participating Member Address:	100 N 30th St Clinton OK 73601
Participating Member DEA/HIN#:	FC3497028
Participating Members Class of Trade:	Acute
Primary Wholesaler:	
Secondary Wholesaler:	
Primary GPO:	PREMIER HEALTHCARE ALLIANCE, L.P.
Former GPO:	
Pharmacy Start Date:	09/01/25
Contact Name:	Holly Masquelier-Woodson
Contact Title:	Director of Materials & Purchasing
Contact Email:	holly.masquelier@crhaok.com
Contact Phone:	(580) 331-1409
If multiple sites, you must attach a list of facilities that will be purchasing Sanofi Aventis contracted products.	

SANOFI PASTEUR

CONTRACT COMMITMENT FORM
(CCF)

General Information

Note: Include Sanofi Pasteur Inc. customer number and name. If Sanofi Pasteur Inc. customer number is not known please provide business address and Drug Enforcement Administration (DEA) and/or Health Information Number (HIN) information below. If adding more than 5 accounts, please fill out the attached spreadsheet and include it in your request

Sanofi Pasteur Inc. Customer Number	Business Name	Business Address (include city, state and zip code)	DEA and/or HIN Number
	Clinton Regional Hospital	100 N 30th St	FC3497028
		Clinton OK 73601	

Group Affiliation

Buying Group or Contract Name: PREMIER HEALTHCARE ALLIANCE, L.P.

Note: **By signing this form, the customer is acknowledging that they will be removed from any other affiliation that they are currently associated with (i.e. GPO, PBGs, etc.).** Customer acknowledges that by choosing the above buying group, it will only be eligible to purchase products from Sanofi Pasteur Inc. under the contract which Sanofi Pasteur Inc. has with this buying group, and will not be eligible to purchase products under any other contract, which Sanofi Pasteur Inc. may have with other buying groups. A customer is limited to changing its designated buying group once every sixty (60) days.

Authorized Representative Name: Holly Masquelier-Woodson Director of Materials & Purchasing

Authorized Representative Contact Information – phone/email: (580) 331-1409 holly.masquelier@crhaok.com

Authorized Representative Signature: _____

Date: _____

Please fax completed form to 1-866-462-6737 or email to membership.administration@sanofi.com. Incomplete forms will not be accepted.

PREMIER TRANSFORMING HEALTHCARE TOGETHER™

Premier Disproportionate Share Hospital In Patient Covered Entity Program (DSH)

Please provide the following information to Premier ONLY if you are listed on the official Government site for eligible facilities. Submitting this information will allow Premier, Inc., to roster your facility with the special pricing provided for this program. **This form MUST be completed and submitted to receive pricing updates for the program as well as to be sure that the wholesaler has the pricing properly loaded. Send completed form to Brooke_Pederson@Premierinc.com**

Entity (Hospital)Name Clinton Regional Hospital

Address 1 100 N 30th St

Address 2 _____

City Clinton State OK Zip Code 73601

Enter 340-B ID# _____

DEA FC3497028

HIN _____

Premier Entity Code AU2842

Pharmacy Director Name Holly Masquelier-Woodson Director of Materials & Purchasing

Telephone number (580) 331-1409 Fax Number _____

E-mail Address holly.masquelier@crhaok.com

Primary Wholesaler _____

Secondary Wholesaler _____

Top Parent/IDN Affiliation _____
(for Premier Internal Use Only)

Month, day and year your facility became eligible for the acute care Disproportionate Share Program?
Month _____ Day _____ Year _____

Signature Required _____

PREMIER HEALTHCARE ALLIANCE, L.P.

CONTRACT #: PPPH18JJH01

340B DSH COVERED ENTITY PARTICIPATION FORM

Completion of this Participation Form is required to determine whether the Participant will be treated as a 340B DSH Covered Entity for the purposes of inpatient DSH pricing. Please complete one 340B DSH Covered Entity Participation Form for each Participant that seeks DSH inpatient pricing.

Date on which Participant became DSH Covered Entity: _____

GPO: PREMIER HEALTHCARE ALLIANCE, L.P.

Section 1: Facility Data (outpatient)

Name: Clinton Regional Hospital

Address: 100 N 30th St

City: Clinton State: OK Zip: 73601

340B ID #: _____ Facility Contact: Holly Masquelier-Woodson

DEA #: FC3497028 Facility Contact Phone #: (580) 331-1409

Section 2: Facility Data (inpatient)

Name: Clinton Regional Hospital

Address: 100 N 30th St

City: Clinton State: OK Zip: 73601

Facility Contact: Holly Masquelier-Woodson

DEA #: FC3497028 Facility Contact Phone #: (580) 331-1409

Section 3: Participation Form

I, Holly Masquelier-Woodson *[Enter Authorized Representative's Name]*, Director of Materials & Purchasing *[Enter Authorized Representative's Title]* of Clinton Regional Hospital *[Enter [Participant] Name]* ("Participant") hereby represent and warrant that I am duly authorized to execute this 340B DSH Covered Entity Participation Form on behalf of the facility described in Section 1 of this Participation Form. Participant acknowledges that the Company may request a new Participation Form by the Participant of its 340B DSH Covered Entity status.

MEMBER NAME

By: _____ Dated: _____ Phone: (580) 331-1409

Name: Holly Masquelier-Woodson
(Name of Authorized [Participant] Representative)

Fax: _____

Title: Director of Materials & Purchasing

PLEASE MAIL OR FAX THE COMPLETED AND SIGNED ORIGINAL PARTICIPATION FORM TO:

Johnson & Johnson Health Care Systems Inc.
1000 Route 202 South
Raritan, NJ 08869

Attn: SCG Contract Manager – 340B DSH Covered Entity Forms

Email: RA-HCSUS-DSH_CEPMail@its.jnj.com
Fax number: 908-429-2819

PREMIERProRx®

"Opt-Out" submission form for 340B GPO Statutory Prohibition

As a member of the Premier group purchasing organization and an automatic participant in the PREMIERPrRx® program, the facility designated below requests to NOT participate in ("Opt-Out of") the PREMIERPrRx program's automatic substitution logic and certifies that it meets the following criteria:

Participates in the 340B program and is prohibited from purchasing items through a GPO in the outpatient setting (DSH, Children's or freestanding cancer hospital only)

By the signature below, the facility requests the Premier group purchasing organization to authorize the indicated prime vendor to deactivate and not make substitutions to products in the PremierProRx program whenever a brand or generically equivalent pharmaceutical product is ordered by the facility.

Once this request is approved by Premier, your prime vendor will be notified with a request to remove your facility from the PremierProRx program. It is important that Premier understands the purpose for this request. Please provide any details that support this request.

Details:

Date: _____ **Premier Entity Code:** AU2842

Participating facility name: Clinton Regional Hospital

DEA#: FC3497028 HIN# (optional): _____

HRSA 340B Id # _____ _____

Address: 100 N 30th St Clinton OK 73601

Phone: (580) 331-1409 Fax: _____

E-mail: holly.masquelier@crhaok.com

Participating facility contact Name (printed): Holly Masquelier-Woodson Director of Materials & Purchasing

Participating facility contact Signature: _____

Prime vendor (Wholesaler): _____ Account number(s) (optional): _____

Prime vendor distribution center: _____

**** Be sure to provide all applicable account numbers with your prime vendor. Attach on separate list if necessary.**

"Opt-Out" submission form for 340B GPO Statutory Prohibition

A participating facility is required to provide 30 days written notice to Premier if it elects to opt out of the PremierProRx Product program.

All standard wholesaler terms and conditions apply.

Please e-mail (preferable) or fax completed and signed document to:
PREMIERProRx® Program
Chris_Johnson@premierinc.com
Attn: Chris Johnson
Fax: 704-733-2123

**** Communication in response to this request to NOT participate in the PREMIERProRx® program should follow no more than two (2) weeks after receipt of this request. If communication is not received after two (2) weeks, please follow-up via E-mail: Chris_Johnson@premierinc.com, or call 704.816.5595.**

Please note the defined eligibility or non-eligibility to participate in PREMIERProRx for 340B hospital accounts:

Eligible: • Non 340B facility • Rural referral • Sole community • Critical access • DSH in-patient that CAN separate inventory • Children's in-patient that CAN separate inventory • Freestanding cancer in-patient that CAN separate inventory	**Non-eligible:** • DSH out-patient • Children's out-patient • Freestanding cancer out-patient

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