SSC-FORM-001 [r002]

AmerisourceBergen
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On January 1, 2015, the Drug Supply Chain Security Act (DSCSA) went into effect. DSCSA establishes consistent traceability of pharmaceutical products through the national supply chain from manufacturers to pharmacies.

The DSCSA requires AmerisourceBergen and its subsidiaries to verify its Authorized Trading Partners. DSCSA defines "authorized" as:

- For a manufacturer or re-packager, having a valid registration in accordance with section 510 of the Food, Drug & Cosmetic Act;
- For a wholesale distributor, having a valid license under State law or section 583 of the FD&C Act and complying with the licensure reporting requirements under section 503(e) of the FD&C Act;

Please check the selection(s) below that reflect your "Authorized Trading Partner" status under the DSCSA:

☐ A manufacturer registered in accordance with section 510 of the FD&C Act as an entity that manufactures, prepares, propagates, compounds, or processes drugs.

Valid FDA Facility Establishment Identifier(s) _____

☐ A re-packager that repacks and relabels a product or package for further sale or distribution without a further transaction, and is registered in accordance with section 510 of the FD&C Act.

Valid FDA Facility Establishment Identifier(s) _____

☐ A manufacturer that is **both** (1) the NDA/ANDA/BLA holder, or the holder's affiliate or co-licensed partner, **and** (2) not required to register its establishment under section 510 of the FD&C Act because it does not manufacture, prepare, propagate, compound or process the drug.

☐ Exclusive Distributor

Valid State license number (ship-from)_____ Expiration Date _____

Signing below provides the attestation of Manufacturer, Re-packager, or Exclusive Distributor

Manufacturer/Distributor Name: _____

Address: _____

City, State, Zip Code: _____

Authorized Signature: _____

Authorized Printed Name: _____

Title: _____

Date: _____

Please indicate any affiliates to which this attestation applies.

An affiliate, as defined in the FD&C Act, is a business entity that has a relationship with a second business entity if, directly or indirectly:
(A) one business entity controls, or has the power to control, the other business entity; or
(B a third party controls, or has the power to control, both of the business entities., that are also covered by this attestation.

Affiliate's name	FDA establishment identification numbers (EIN)