

# Supplier Verification Form

WHEN COMPLETE PLEASE RETURN BY EMAIL OR FAX TO [WHOLESALE@INFOHEALTH.CO.UK](mailto:WHOLESALE@INFOHEALTH.CO.UK) OR +44 (0)870 136 2354 .

| DETAILS OF PERSON COMPLETING THE QUESTIONNAIRE  |  |
|---|--|
| NAME  |  |
| TITLE   |  |
| DATE  |  |
| GENERAL INFORMATION: This information shall be used to set up a payment account on our Finance System |  |
| SUPPLIER NAME   |  |
| ADDRESS   |  |
| POST CODE   |  |
| COUNTRY   |  |
| TELEPHONE NUMBER  |  |
| FAX NUMBER  |  |
| EMAIL ADDRESS   |  |
| CURRENCY  |  |
| COMPANY REG No. <i>(if applicable)</i>  |  |
| VAT REG No. <i>(if applicable)</i>  |  |
| WDA No. <i>(if applicable)</i>  |  |
| BANK NAME   |  |
| BANK SORT CODE  |  |
| BANK ACCOUNT NUMBER   |  |

| KEY CONTACTS  |   |
|---|---|
| ACCOUNT CONTACT   | NAME:<br>EMAIL:   |
| QUALITY ASSURANCE   | NAME:<br>EMAIL:   |
| REGULATORY AFFAIRS  | NAME:<br>EMAIL:   |
| CUSTOMER SERVICE  | NAME:<br>EMAIL:   |
| SALES   | NAME:<br>EMAIL:   |
| ASSESSMENT OF GDP CAPABILITIES  |   |
| DOES YOUR COMPANY OPERATE TO CURRENT EU GUIDELINES ON GDP?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| DOES YOUR COMPANY HAVE A QUALITY MANUAL AND/OR A SITE MASTER FILE?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| IS YOUR COMPANY AUTHORISED TO 'EXPORT'/DISTRIBUTE PRODUCTS TO OTHER EU COUNTRIES?                                     | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| IS YOUR COMPANY ALLOWED TO DISTRIBUTE NARCOTIC & PSYCHOTROPIC DRUGS (CONTROLLED DRUGS)? IF YES, PLEASE ATTACH A COPY. | YES <input type="checkbox"/> NO <input type="checkbox"/><br>ATTACHED <input type="checkbox"/> |
| DOES YOUR COMPANY WORK TO STANDARD OPERATING PROCEDURES?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| WHO APPROVES SOPs?  |   |
| IS THERE A FORMAL PROCESS FOR THE CONTROL, REVIEW AND UPDATING OF SOPs?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| WILL YOU ALLOW A COMPANY REPRESENTATIVE TO PERFORM AN INSPECTION OF YOUR FACILITY?                                    | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| HAS ANY HEALTH AUTHORITY OR REGULATORY BODY INSPECTED YOUR FACILITY WITHIN THE PAST 24 MONTHS?                        | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| IF YES, PLEASE ATTACH A COPY OF THE GDP CERTIFICATE OR EQUIVALENT.  | ATTACHED <input type="checkbox"/>   |
| DO YOU CARRY OUT SELF-INSPECTIONS OF YOUR FACILITY AND SYSTEMS?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| DO YOU MAINTAIN AN APPROVED SUPPLIERS LIST?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| DOES YOUR SYSTEM ALLOW YOU TO USE UNAPPROVED SUPPLIERS?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| IS YOUR WAREHOUSE TEMPERATURE CONTROLLED OR AIR-CONDITIONED?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |
| DO YOU HAVE TEMPERATURE MONITORING EQUIPMENT?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                                      |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| IS YOUR TEMPERATURE MONITORING EQUIPMENT CALIBRATED?                                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU KEEP TEMPERATURE RECORDS?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HAVE ALL PRODUCTS SUPPLIED BEEN PREVIOUSLY QP RELEASED WITHIN THE EU?                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ARE PRODUCTS CHECKED FOR FALSIFICATION?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ARE ANY OF THE PRODUCTS SUPPLIED BY YOUR COMPANY SOURCED FROM OUTSIDE OF THE EU?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| IF YES, HAVE THEY BEEN QP RELEASED WITHIN THE EU?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU OPERATE A "FIRST EXPIRY, FIRST OUT" SYSTEM?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| WHAT SYSTEM DO YOU USE TO MAINTAIN THE TRACEABILITY OF PRODUCTS?                           |                              |                             |
| DO YOU PROVIDE GMP/GDP TRAINING TO YOUR STAFF?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| AT WHAT INTERVALS DO YOU RETRAIN STAFF?  |                              |                             |
| ARE YOUR STAFF TRAINED TO HANDLE CHILLED PRODUCTS?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU HAVE AN EMERGENCY PLAN PROCEDURE FOR PRODUCT RECALL?                                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU HAVE A PEST CONTROL SYSTEM IN PLACE?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HOW OFTEN IS YOUR FACILITY INSPECTED FOR PESTS?  |                              |                             |
| DO YOU OPERATE A QUARANTINE SYSTEM?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU OPERATE A CHANGE CONTROL SYSTEM AND ASSESS THE IMPACT OF CHANGE ON PRODUCT QUALITY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU HAVE A FORMAL COMPLAINTS PROCEDURE?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DO YOU ANALYSE YOUR CUSTOMER COMPLAINTS?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>FURTHER RELEVANT INFORMATION OR COMMENTS</b>  |                              |                             |
|  |                              |                             |
|  |                              |                             |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

| REQUESTED BY (BUYER)                        |  | DATE             |          |
|---|--|------------------|----------|
| QUALITY                                     | RECORDED BY  | DATE             | COMMENTS |
| WDA No                                      |  |                  |          |
| WDA TRANSLATION                             | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| COLD CHAIN                                  | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| RESTRICTIONS ON PRODUCT TYPES               |  |                  |          |
| GDP CERTIFICATE OR EQUIVALENT               | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| ABOVE DETAILS MATCH                         | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| COMPLETED QUESTIONNAIRE                     | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| COMMENTS                                    |  |                  |          |
| EUDRA GMGDP CHECK (Attach printout)         | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| NCA WEBSITE CHECK (Attach printout)         | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| CONTROLLED DRUGS                            | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| GENERAL COMMENTS (BUYER)                    |  |                  |          |
| HOW IDENTIFIED                              | Approached <input type="checkbox"/> Trade Show <input type="checkbox"/> Referral <input type="checkbox"/><br>Other |                  |          |
| HISTORY                                     |  |                  |          |
| WEBSITE                                     | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
|   |  | Approved byQP/RP | Date     |
| Documents reviewed and details satisfactory | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| Considered GDP Compliant                    | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |          |
| APPROVAL                                    |  |                  |          |
| ACCOUNT AUTHORISED (COMMERCIAL)             |  | DATE             |          |
| APPROVED FOR LOADING (RP/QP)                |  | DATE             |          |
| ACCOUNT LOADED                              |  | DATE             |          |
| AWARDS CONFIRMATION                         |  | DATE             |          |
| DATABASE/SAGE UPDATED                       |  | DATE             |          |
| DOCUMENTS FILED                             |  | DATE             |          |