



EXHIBIT A

Supplier Add/Change Request Form

Instructions: Use this form to request a supplier record be added to or modified in MARS. You will receive a confirmation email when Accounts Payable has completed your request. For internal use only - to be completed by HM personnel.

Request for: Add Change/Reactivate- MARS Supplier ID

Payee Name ("make payable to" use two lines if needed)

IRS Reporting Name (name that matches the TIN)

Tax ID Number (EIN or SSN)

Status (choose one)

U.S. Citizen/Company (Must submit W9)

Foreign Entity/Non-Resident Alien (Must submit W8)

Supplier Type

Business Justification

Estimated Annual Spend

Address/Contact Information

Payment Information

Order Information – For PO suppliers only

Street Address or PO Box City,

State, Province, Zip Country

Country

Contact Name

Phone Number

Fax Number

Email Address

PO Dispatch Method:

EDI

Email (must be a group address)

Fax

Requester

Print

Sign

Date

Corporate SCM VP Approval

Print

Sign

Date

Additional Vendor Information
 (Information to be sent to Corporate Risk to determine Insurance Requirements)

1. Vendor Name

2. Vendor Website

3. Type of Purchase	Products
	Services
	Products and Services

4. Type of Vendor	Biologics
	Biomedical Devices
	Blood Products
	Engineering and Facilities
	Food
	Information Systems
	Laboratory
	Medical Supplies
	OR Products
	Pharmaceutical Products
	Radiology Products
	Tissue
	Other Supplies

5. Description of Product or Services (include type of research... basic, lab, animal, human subject, GLP, GMP or clinical trials).

6. Vendor will be On-Site	Yes
	No

7. Is there a current agreement in place, or is an agreement currently being worked on, if so, please provide a copy	Yes
	No

8. Software Services or Computer Hardware will be provided	Yes
	No

If Line 8 is Yes, please complete lines 9-11

9. Vendor will Access the HMH Intranet	Yes
	No

10. Vendor Will have access to PHI	Yes
	No

Has IT reviewed and approved this software/SaaS or Hardware	Yes
	No