Know Your Customer Questionnaire CSMP Form 590P

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MWI Animal Health®

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Important: Form will not be processed unless **all** questions are completed.

The Code of Federal Regulations, 21CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from a normal historical pattern, and/or orders of unusual frequency. The following "Know Your Customer" due diligence form allows MWI to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well.

Section 1 - General information

1 Practitioner name (as it appears on DEA registration) _____

2 Practitioner DEA registration number _____

3 Practice/clinic name _____

Practice information (as it appears on DEA registration)

Street _____ Phone _____

City _____ Email _____

State _____ Zip _____ Website _____

4 Individual owner(s)/partnership/corporate entity name _____
If multiple owners, please provide additional ownership information below
Total to equal 100%

Individual owner name	If licensed practitioner, list all federal/state licenses	State of residence	% of ownership

5 Select following reason for CSMP review - check one only

- ☐ Start up business
- ☐ Established business adding MWI as a supplier. List current supplier(s) _____
- ☐ Change/new DEA practitioner - indicate account # _____
- ☐ Change in ownership - indicate account # _____
- ☐ Other reason for updated form (specify) _____

6 Practice type

☐ Traditional ☐ Mobile ☐ Emergency ☐ Research ☐ University ☐ Shelter ☐ Government ☐ Other

If checking Research, please specify scope of research and animals used in question 19

Section 2 - Licenses

7 Practitioner state veterinary license number _____

8 Facility controlled substance state license/premise permit _____
(if applicable) eg: FL HCCE permit, OH TDDD permit, CA premise permit

9 Is any person other than the DEA registrant authorized to sign 222 blanks for this registrant? ☐ Yes ☐ No
If yes, give details and provide the printed names and a copy of a properly executed power of attorney granting this authorization.

_____

Section 3 - Sanctions/Discipline

10 Has the practitioner been sanctioned/disciplined within the last 5 years in any state(s) where they are or have been licensed? ☐ Yes ☐ No
If yes, give details (when, why, etc.)

_____

11 Has the practitioner, owner, or any employee of the practice had a DEA registration or state license/registration suspended, revoked, or disciplined within the last 5 years? ☐ Yes ☐ No
If yes, give details (when, why, etc.)

_____

12 Has a supplier ever suspended or ceased controlled substance sales to the entity? ☐ Yes ☐ No
If yes, give details (when, why, etc.)

_____

13 Has the practitioner, owner, or employee of the practice had any administrative, civil, and/or criminal action by any regulatory/law enforcement entity (state, local, federal) within the last 5 years? ☐ Yes ☐ No
If yes, give details (when, why, etc.)

_____

Section 4 - Controlled substance purchases

14 Check the following types of products you expect to purchase from MWI (total to equal 100%)

☐ Controlled substances _____ % of total purchases

☐ Listed chemicals _____ % of total purchases

☐ Non-controlled Rx _____ % of total purchases

15 Does the practitioner dispense controlled substance medications from the office supply for administration outside the practice? ☐ Yes ☐ No

16 List top 5 highest volume controlled substances of anticipated purchases or actual usage if that data is available. (e.g. Tramadol 50 mg, 100 tabs/month)
Start-up entities please provide estimates.

Controlled substance product	Monthly usage in dosage quantity (estimate acceptable)

17 Ratio of out-of-state patients versus in-state patients. Total to equal 100%.

In-state _____ % of total purchases

Out-of-state _____ % of total purchases

18 Methods of payments the practice receives. Total to equal 100%.

Cash _____ % of total purchases

Checks _____ % of total purchases

insurance _____ % of total purchases

Cards _____ % of total purchases

Other _____ % of total purchases

Please specify in detail other methods

_____

19 Other comments/observations

_____

_____

Ohio customers please complete the below question

20 If applicable, at time of onboarding and annually thereafter, practitioner customers will be required to provide a 12-month utilization report (DUR) summary of all controlled substances dispensed or furnished to any patient for administration outside the practice.
The 12-month DUR must be in electronic format (Excel or CSV) and cannot include any protected health information (PHI). The report should include the following data elements:
1. NDC number
2. Drug description (name, strength, dosage form)
3. Quantity dispensed over the past 12-month period (total number of tabs/caps, millilitres (injectable, oral solution/syrup), grams (topical), patches.

Section 5 - Acknowledgement

By signing below, Practitioner acknowledges that:
MWI relies on the information provided on this form to help determine whether it will distribute controlled substances to Practitioner. All information provided by Practitioner in this form is accurate and complete.Practitioner agrees to inform MWI of any changes to its business that would impact the accuracy or completeness of the information contained herein.

MWI reserves the right, within its sole discretion, to refuse to ship controlled substances to any customer. Any materially incorrect information on the CSMP Form 590 will be grounds for MWI, at its sole discretion, to immediately cease distribution of any or all controlled substances to Practitioner and/or to terminate MWI's relationship with Practitioner.

Practitioner has an effective compliance program and adheres to all requirements imposed upon it for the distribution of controlled substances as promulgated by the Controlled Substances Act and its implementing regulations, and by any applicable federal, state, or local law enforcement agency or regulatory board.

Practitioner will indemnify and hold harmless MWI, its parent companies, affiliates, subsidiaries, shareholders, officers, directors, employees, agents, and representatives from any and all economic damage that results from Practitioner providing MWI with materially incorrect information on this form or from failing to have in place an effective compliance program.

Practitioner/Owner/Authorized representative:

Name _____ Signature _____

Title _____ Date _____

Important note: Practitioner authorized representative signature must be present to initiate CSMP review.