

Company Emergency Contact Information

Merative™ Micromedex® POISINDEX®

(Please List Each Division on a Separate Form)

PART I

Please complete the following form, for use by Merative™ Micromedex® POISINDEX® subscribers and our Data Acquisition Office. Please fill in all applicable spaces with the requested information.

Company Name (as it appears on product labels) _____
Division of _____
Address _____
Telephone Numbers (including area code) Primary _____ Alternate _____
24-hour Emergency Number _____ Fax Number _____
Will your company accept collect calls in an emergency? YES _____ NO _____
E-mail _____ Web site _____

PART II

Please provide a name, title, and telephone number that we may use to obtain non-emergency information about your products.

Name _____ Title/Department _____
Phone Number _____

PART III

May we download product information from your Web site for inclusion in POISINDEX? YES _____ NO _____

Authorized by:

Name _____ Title/Department _____
Phone Number _____

PART IV

Name and title of appropriate person and/or department responsible for reviewing your company's product listings in POISINDEX.

Name _____ Title/Department _____
Phone Number _____

Please complete the applicable fields and send to Poisindex@merative.com.

If you have any questions, please contact Product Support:

Phone: 1.877.843.6796

Email: productsupport@merative.com.

