CSRA form 590P

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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. Because this a requirement of the DEA, controlled substance orders may not be placed until this one page form has been completed in full and reviewed by the CSRA Diversion Control Department which handles account maintenance.

Section 1 - General information

1 Practioner name as it appears on the DEA registration _____

2 Practice information: _____

Name _____

Street _____

City _____

State _____

Zip _____

Phone _____

Email _____

Website _____

3 Individual owner(s)/partnership/corporate entity name

_____

Individual owner name	If licensed practioner, list all federal/state licenses	State of residence	# of owner operation years	% of ownership

4 Select reason for CSRA revview:

New customer:

☐ Start up business

☐ Established business changing supplier(s) to MWI. List current supplier(s):

_____

☐ Established business adding MWI as supplier(s). List current supplier(s):

_____

Existing customer:

☐ Change in practitioner - indicate account # _____

☐ Change in ownership- indicate account # _____

☐ Updated CSRA 590 form - indicate account # _____

5 What is your total monthly dollar volume from all suppliers? (start up entities provide estimate)

_____

Section II - Licenses

6 Practioner state veterinary license # _____

7 Facility controlled substance state license # _____

8 Name/Title of individual responsible for preventing the theft and diversion of controlled substances (if different than practitioner).

Name _____

Title _____

License # (if applicable) _____

DEA registration number _____

9 Is any person other than the DEA registrant authorized to sign 222 blanks for this registrant? ☐ ☐

If yes, please provide the printed names and a copy of a properly executed power of attorney granting this authorization.

_____

_____

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Section III – Sanctions/Disipline

10 Has the practitioner been sanctioned/disciplined within the last 10 years in any state(s) where they are or have been licensed? ☐ Yes or ☐ No

If yes, provide details (when, why, etc.) _____

11 Has the practitioner had a DEA registration or state license/registration suspended, revoked, or disciplined within the last 10 years? ☐ Yes or ☐ No

If yes, provide details (when, why, etc.) _____

12 Has the owner or any employee of the practice had a DEA registration or state license/registration suspended, revoked, or disciplined within the last 10 years? ☐ Yes or ☐ No

If yes, provide details (when, why, etc.) _____

13 Has a supplier ever suspended or ceased controlled substance sales to the entity? ☐ Yes or ☐ No

If yes, provide details (when, why, etc.) _____

Section IV – Controlled substance purchases

14 Check the following types of products you expect to purchase from MWI

Non-controlled Rx _____ % of total purchases

Controlled substances _____ % of total purchases

Does the practitioner dispense controlled substance medications from the office supply?

☐ Yes or ☐ No

15 What percentage of the following describes the patient mix of this account? Total of 100%

Companion _____ % Food animal _____ % Equine _____ % Swine _____ % Other _____ % Please list other _____

16 Please check all that apply to your practice type

☐ Traditional ☐ Emergency ☐ Mobile ☐ Reesearch ☐ Other _____

17 Days and hours of operation _____

18 Average number of patients per day (start-up provide estimate)_____

19 Typical ordering pattern for controlled substances

☐ Daily ☐ Weekly ☐ Monthly ☐ Other_____

20 List top 5 highest volume controlled substances of anticipated purchases or actual usage if that data is available. Start-up entities please provide estimates:

Controlled substance product	Monthly usage in dosage unit format

21 Is MWI Animal Health your sole supplier of controlled substances? ☐ Yes or ☐ No What percentage of business will be serviced from MWI? _____

Do you intend to purchase from other distributors? ☐ Yes or ☐ No

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Customers located in the following states are required to complete below additional questions: Ohio

22 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 and/or Gabapentin dispensed or furnished to any patient.

The 12-month DUR must be in electronic format (Excel or CSV) and cannot include any protected health information (PHI). The report should include 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, milliliters (injectable, oral solution/syrup), grams (topical), patches.

23 What is your ratio of out-of-state patients versus in-state patients?

Out-of-state _____% In-state _____ %

24 What types of payments does the practice receive? Total to equal 100%.

Cash _____ % of revenue Other _____ % of revenue Please list other types _____

25 Other comments/observations: _____

Section V – 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. 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 CSRA 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 in the CFR and by any applicable federal, state or local board of Practitioner or other regulatory body.

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 _____