

COMPANY EMERGENCY CONTACT INFORMATION

POISINDEX® SYSTEM

(Please List Each Division on a Separate Form)

PART I

Please complete the following form, for use by POISINDEX Information System 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 Phone Number _____ Alternate Phone Number _____

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 nonemergency information about your products.

Name _____

Title/Department _____

Phone Number _____

PART III

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

Authorized by:

Name _____

Title/Department _____

Phone _____

PART IV

Name and title of appropriate person and/or department who should review your company's product listings in the POISINDEX System.

Name _____

Title/Department _____

Phone _____

Click submit to send completed form.

Or, contact us at:

Thomson Reuters

ATTN: Product Information—POISINDEX

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