

To ensure a timely onboarding process, this completed form and a valid RAM License are required to set up your account for order.

## ACCOUNT IDENTIFICATION:

Are you a government entity? Yes No

Will purchases be made under 340B program? Yes No 340B ID No:

Are you part of a Group Contract/IDN/Healthcare System? Yes No Name on contract:

Are you serviced by a mobile truck? Yes No Mobile provider:

What is your facility type? Hospital Imaging Center

RAM License #: Filing State:

RAM License Authorized User:

PET Scan scheduling: Contact name: Telephone:

Existing EC<sup>2</sup>/WEBOLO customer Yes No

IDN/Healthcare System name: Contract Number:

Contract onboarding: Yes No Institution/Facility name:

If yes, Contract name/affiliation: Facility website:

BILLING	ADDITIONAL INFORMATION
<b>Customer Accounts Payable Invoice Contact</b> Name: Title: Phone: Email: Billing address:  City: State: Zip: Billing preference: Per Dose Invoice Monthly Summary Invoice AP email address: (Provide departmental email, not individual. Needed for invoicing.) Special billing instructions:	<b>How will customer order PYLARIFY?</b> WEBOLO Single Location Multi-Site Ordering NMIS (Current version number must be 21.02 or higher) <b>Who will be ordering PYLARIFY?</b> Name: Phone: Email: Additional contact:  <b>Main Contact for dose delivery logistics</b> Name: Title: Phone: OK to text Email:
<b>SHIPPING: HOT LAB LOCATION</b> Facility name: Address:  City: State: Zip: For any account related updates, please email: <a href="mailto:CSPYL@lantheus.com">CSPYL@lantheus.com</a>	Name: Title: Phone: OK to text Email:  Name: Title: Phone: OK to text Email: After hours/emergency contact: After hours/emergency phone:

DELIVERY LOCATION NAME:

Time facility is open for deliveries AM to PM Time Zone: ET CT MT PT	Parking location for deliveries
Service Time (Elapsed time needed to service a facility from parking to Hot Lab delivery) minutes	Directions to facility Hot Lab from exterior of the building (room #, etc.)
Shipment mode Air Ground	Additional Location Information (Location of Mobile Coach, etc.) Days/times of service:
Limitation on number of shipping cases 1 2 3 4 N/A	Security Requirements Parking pass required Badge ID required N/A Other: Badge Contact Information:
Facility Access Certification Required Yes (specify) No	Security or other escort needed for delivery. Provide details (Phone Number for security, etc.) If Yes, specify Yes No N/A
Mobile Coach Lift Instruction N/A	Specific Location to Leave Cases in Hot Lab N/A
	Alarm Codes for Customer Facility N/A
	Hot Lab Code (Code for entering the Hot Lab) N/A

PHARMACY NAME	PHARMACY ADDRESS
Pharmacy 1	Pharmacy 1
Pharmacy 2	Pharmacy 2
Pharmacy 3	Pharmacy 3
Temporary PMF. Which PMF supplier will become the permanent supplier?	
NOAM/PCAM and/or PMF AE:	RSD:

Lantheus Commercial Contract Section. ERP Customer Number:

Please return completed form to your Lantheus Partner

