

BULK PURCHASE PROGRAM COMMITMENT

Medtronic Endeavor[®] Zotarolimus-Eluting Stent (MS70343)

Section 1: Commitment

Hospital Name: _____ Medtronic Account Number: _____

Address: _____

City/State/Zip: _____

Contact Name(s): _____ Telephone: _____

Section 2: Bulk Purchase Commitment (required)

Committed Number of Stents	
Commitment Price	50-99 units – 5% off local price 100+ units – 10% off local price
Current Net Hospital Price	
Hospital PO #	

Section 3: Terms & Conditions

1. Hospital Purchase Order Number is supplied and in force.
2. VHA, UHC and Provista membership achieving a minimum of 6,000 consolidated units will be billed at \$1,700 per each.
3. Payment Terms: net 30 days
4. Entire Agreement. All other prior Letters of Commitment, negotiations, agreements and understandings between the parties, whether oral or in writing, concerning the subject matter hereof are superseded.
5. Member Acknowledgements. IDN or Member acknowledges that 1) IDN and its Participants or Members are Members of VHA, UHC or Provista and 2) Supplier will pay Administrative Fees to Novation on Member's purchases under the above referenced Program in accordance with 42 C.F.R. Section 1001.952(j).
6. Members meet minimum commitment level by April 23, 2008.

Section 4: Authorization (required)

The undersigned Participating Member hereby elects to purchase Products in accordance with the terms and conditions of the Novation Bulk Purchase Program. The Participating Member acknowledges that pricing and terms under the Agreement are confidential, and further agrees that, unless otherwise required by law, it shall maintain all such information in strict confidence and not disclose any part of such information to any person other than a person with a need to know such information in connection with the operation of the business of Participating Member, who agrees to maintain the confidence of such information.

Hospital Authorization

Signature

Printed Name

Date

PLEASE FAX SIGNED DOCUMENT TO: NJHA

ATTN: Laurie Anderson 609-452-7326

Please confirm fax with email notification to landerson@njha.com