

This document is to be completed and countersigned **by Lee Health Operation Leaders** who will validate the SRRF compliance with this process. **Acknowledgment of contractual or pricing relationship does not imply you will be cleared for access to Lee Health facilities. A Business Review of this acknowledgment by the Lee Health System Director, Supply Chain or designee is required in granting or denying access to Lee Health facilities.**

DIRECTIONS

1. Fill out the Vendor Information Section. If we cannot read it clearly it will be returned.
2. Attach Company W-9 and pricing list. Fax this sheet to (239) 332-4199 or email SupplyChain@LeeHealth.org.
3. LHOL will fill out their section and forward this completed document back to representative.
4. When you receive approval from LHOL upload form into Symplr at support@symplr.com.

* Turnaround time: 2 weeks

REPRESENTATIVE REQUESTING ACCESS

Date: _____

Contact Name/Title: _____

Email Address: _____

Phone Number: _____

LH Department & Individual Requesting Supplier: _____

Product(s) of Representation - Please Summarize:

VENDOR INFORMATION

Company Name: _____ DBA if Applicable: _____

Business Address: _____

Phone Number: _____ Federal ID #: _____

Company Website: _____

Please indicate with an 'X' the purpose of your access needs:

Clinical Case Support _____ Educational Support _____ Other _____

Request of registrations is subject to approval by the LH Supply Chain Department. Supplier will be notified of approval via email address provided above.

For Office Use Only:

Symplr Verified: _____

Registration Accepted: _____

Registration Declined: _____