



ATTACHMENT 1 - BIOMÉRIEUX THIRD PARTY APPROVAL FORM

TO BE COMPLETED BY THIRD-PARTIES

bioMérieux operates within a framework of principles, policies and procedures designed to ensure that its activities are conducted in compliance with the laws and our high ethical standards. Therefore, bioMérieux and its affiliated companies require that all of its third-parties provide the following mandatory information. We appreciate your cooperation in this important effort.

ANY NON-DULY COMPLETED BIOMÉRIEUX THIRD PARTY APPROVAL FORM SHALL BE DEEMED VOID AND SHALL BE REJECTED BY BIOMÉRIEUX.

SECTION 1.1.: GENERAL INFORMATION

1. PARTY INFORMATION (PARTY POTENTIALLY CONTRACTING WITH BIOMÉRIEUX:	Name:		Phone:		
	Website:				
	Physical address:		Mailing address:		
2. CONTACT INFORMATION:	Name:		Email:		
	Business Phone:		Mobile Phone:		
3. HAVE YOU OR YOUR COMPANY EVER PROVIDED SERVICES FOR BIOMÉRIEUX OR ITS AFFILIATES? IF YES, PLEASE EXPLAIN.	Yes, please explain No				
4. TYPE OF ENTITY (PLEASE CHECK):	Sole owner or individual Partnership Private Corporation		Publicly traded corporation Other (explain):		
5. PLACE OF INCORPORATION (FOR INCORPORATED ENTITIES):		6. REGISTRATION OR TAX NUMBER:			
7. NAME OF SHAREHOLDERS / OWNERS (WHERE APPLICABLE):		8. COMPANY CREATION DATE:			
9. LIST OWNERS / SHAREHOLDERS WHO OWN OR HAVE OWNED MORE THAN 10% OF THE ORGANIZATION DURING THE PAST 3 YEARS:					

10. LIST DIRECTORS AND OFFICERS OF YOUR COMPANY FOR THE PAST 3 YEARS.	NAME	POSITION	DATES HELD
11. PLEASE LIST EVERY COMPANY OR OTHER BUSINESS ENTITY WHICH IS AN AFFILIATE OF YOUR COMPANY (AN AFFILIATE IS A COMPANY WHERE AT LEAST 10% IS OWNED BY YOUR COMPANY)			
12. LIST ANY OTHER INDIVIDUALS OR ENTITIES (SUCH AS A PARENT COMPANY) THAT EXERCISE MANAGEMENT CONTROL OVER YOUR BUSINESS. INCLUDE NAME, RELATIONSHIP, AND ADDRESS.	NAME	RELATIONSHIP	ADDRESS
13. IN THE PAST THREE YEARS, HAVE YOU OR YOUR COMPANY CONDUCTED BUSINESS UNDER AN ALIAS, ASSUMED NAME, TRADE NAME OR USED ANY OTHER BUSINESS NAME OTHER THAN THE BUSINESS NAME LISTED ABOVE?	NAME	ADDRESS	COMPANY REGISTRATION NUMBER
14. COUNTRY WHERE YOU SEEK TO REPRESENT BIOMÉRIEUX:	COUNTRY 1	COUNTRY 2	COUNTRY 3
15. IS REGISTRATION WITH A GOVERNMENT AUTHORITY REQUIRED TO CONDUCT BUSINESS IN THE COUNTRY?	Yes	Yes	Yes
	No	No	No
16. LOCAL REGISTRATION OR TAX NUMBER:			
17. HAVE YOU REPRESENTED OTHER COMPANIES ON SIMILAR MATTERS IN THIS COUNTRY?	Yes	Yes	Yes
	No	No	No
18. HAVE YOU OR ANY OTHER OWNER, DIRECTOR, OFFICER OR EMPLOYEE OF YOUR COMPANY SERVED IN A SALARIED OR APPOINTIVE POSITION WITHIN THE GOVERNMENT OF THIS COUNTRY?	Yes	Yes	Yes
	No	No	No
19. IF YES TO QUESTION 18, PLEASE GIVE DETAILS.			
20. DO YOU OR ANY OTHER OWNER, DIRECTOR, OFFICER OR EMPLOYEE OF YOUR COMPANY HAVE A PERSONAL OR BUSINESS RELATIONSHIP WITH ANY BIOMÉRIEUX EMPLOYEE, DIRECTOR, OR OFFICER?	Yes, please explain		
	No		

21. HAVE YOU OR ANY EMPLOYEES OF YOUR COMPANY EVER BEEN INVESTIGATED FOR OR CONVICTED OF A CRIME INVOLVING FRAUD, BRIBERY, IMPROPER PAYMENTS, COMPETITION BREACH, FORM OF CORRUPTION WITHIN THE LAST 5 YEARS BY ANY GOVERNMENTAL OR INTERNATIONAL AGENCY?	<p style="text-align: center;">Yes, please explain</p> <p style="text-align: center;">No</p>
22. HAVE YOU, YOUR COMPANY, OR ANY EMPLOYEES OR OWNERS OF YOUR COMPANY EVER BEEN SANCTIONED OR PLACED ON A BLACKLIST BY ANY GOVERNMENT OR INTERNATIONAL ORGANIZATION?	<p style="text-align: center;">Yes, please explain</p> <p style="text-align: center;">No</p>

SECTION 1.2.: FINANCIAL INFORMATION

23. BANK NAMES AND DETAILS:	Bank Name:			
	Address:			
	IBAN:		SWIFT Code:	
24. IS THE BANK ACCOUNT IN THE NAME OF THE ENTITY ENTITY/INDIVIDUAL POTENTIALLY CONTRACTING WITH BIOMÉRIEUX?	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>			

PLEASE PROVIDE YOUR SIGNATURE BELOW CERTIFYING TO THE FOLLOWING STATEMENTS:

I, as a representative of (Company Name), certify that:

the information provided above is accurate and complete.

I have read, understood, and certify that (Company name), will comply with “bioMérieux Business Principles for Third Parties”, found on Corruption Prevention Manual page in the Ethics & Compliance section of bioMérieux Corporate web site.

business conducted with or on behalf of bioMérieux will be in accordance with all applicable laws and regulations.

AUTHORIZED SIGNATURE

DATE

NAME

TITLE



ATTACHMENT 2 - BIOMÉRIEUX THIRD PARTY APPROVAL FORM

TO BE COMPLETED BY DISTRIBUTORS ONLY

bioMérieux operates within a framework of principles, policies and procedures designed to ensure that its activities are conducted in compliance with the laws and our high ethical standards. Therefore, bioMérieux and its affiliated companies require that all of its third-parties provide the following mandatory information. We appreciate your cooperation in this important effort.

ANY NON-DULY COMPLETED BIOMÉRIEUX THIRD PARTY APPROVAL FORM SHALL BE DEEMED VOID AND SHALL BE REJECTED BY BIOMÉRIEUX.

SECTION 2.1.: BUSINESS INFORMATION

1. EXPERIENCE IN DIAGNOSTICS:			
2. ISO CERTIFICATION?	Yes No	3. DATE OF ISO RENEWAL:	
If yes, specify which ISO certification:			
4. ERP TO MANAGE THE COMPANY?	Yes No		

2.1.1. PERSONNEL AND OUTSOURCER INFORMATION

	TOTAL SALES PERSONNEL:	ACCOUNTANTS:	DELIVERY PERSONNEL:
5. PLEASE GIVE THE NUMBER OF STAFF IN EACH AREA AND ATTACH A COMPANY FLOWCHART:			
6. HOW AND WHEN WILL BIOMÉRIEUX BE NOTIFIED IF THERE IS DIRECTOR/OFFICER CHANGE?			
7. PLEASE DESCRIBE PRIMARY LANGUAGES SPOKEN BY EMPLOYEES:			

8. IF YOU OUTSOURCE TO CONTRACTORS, SUBCONTRACTORS, OR VENDORS, PLEASE PROVIDE THE FOLLOWING INFORMATION:	OUTSOURCER NAME:	LOCATION:	PRODUCTS / SERVICES:

2.1.2. SALES AND MARKETING

9. PLEASE ATTACH YOUR MARKETING STRATEGY PLAN FOR BIOMÉRIEUX PRODUCTS

10. FULL TIME SALES & MARKETING PERSONNEL DEDICATED TO BIOMÉRIEUX:	NAME:		LEVEL OF EDUCATION:	NUMBER OF YEARS OF EXPERIENCE:
11. YEARLY GLOBAL TURNOVER:	YEAR N-1 :		TURNOVER:	
	YEAR N-2 :		TURNOVER:	
12. EXPECTED SALES OF PRODUCTS:				
13. CUSTOMER SERVICE INFORMATION:	DEDICATED CALL CENTER?	Yes		No
	HOTLINE?	Yes		No
	ASSET MAINTENANCE SOFTWARE?	Yes		No
14. FULL TIME CUSTOMER SERVICE PERSONNEL DEDICATED TO BIOMÉRIEUX:	NAME:	LEVEL OF EDUCATION:	NUMBER OF YEARS OF EXPERIENCE:	JOB TITLE:

2.1.3. PRODUCT HANDLING AND QUALITY MANAGEMENT

15. PRINCIPAL INDIVIDUALS RESPONSIBLE FOR HANDLING BIOMÉRIEUX PRODUCTS (AT LEAST 1):	NAME:	TITLE:	ASSIGNMENT:	
16. DO YOU REPRESENT OTHER MANUFACTURERS PROVIDING PRODUCT LINES/SERVICES? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:	MANUFACTURER NAME:	PRODUCTS	COUNTRY:	TURNOVER RANGE (Indicate currency unit):

17. PLEASE PROVIDE A REFERENCE FROM AT LEAST ONE OTHER MANUFACTURER:	MANUFACTURER NAME:		CONTACT NAME:		PHONE:	
18. RANGE OF BIOMÉRIEUX PRODUCTS HANDLED:	CLINICAL DIAGNOSTIC:	Yes No	INDUSTRY DIAGNOSTIC:	Yes No	OTHERS (PLEASE SPECIFY):	
	NUMBER OF YEARS:		NUMBER OF YEARS:		NUMBER OF YEARS:	
19. AMOUNT YOU PLAN TO INVEST TO HANDLE BIOMÉRIEUX PRODUCTS:						
20. PLEASE ATTACH INFORMATION RELATED TO:	LOT TRACEABILITY:					
	TEMPERATURE MONITORING:					
	COMPLAINT TRACEABILITY:					
	INSTALLED BASE TRACEABILITY:					

SECTION 2.2.: TRANSPORT & STORAGE MANAGEMENT

2.2.1. INCOTERMS

21. CHECK THE CORRESPONDING BOX. FOR CPT, PLEASE ATTACH YOUR INSURANCE CERTIFICATE	CPT	
	CIP	
	DAP	

2.2.2. STORAGE CAPACITY

22. HOW MANY SQUARE METERS (SQM) OR CUBIC METERS (M3) ARE DEDICATED TO:	2/8° TEMPERATURE	15/25° TEMPERATURE

2.2.3. TRACEABILITY

23. TEMPERATURE MONITORING DURING DELIVERY TO END CUSTOMER:	TOOLS USED: Do you monitor temperature during deliveries to end users?	Yes	No
	MANAGEMENT OF THERMO SENSITIVE PRODUCTS REQUIRING ADDITIONAL SHIPPING RULES:	Yes	No
	MANAGEMENT OF DRY ICE PRODUCTS: Are you able to either re-ice packagings upon arrival or store them at -20°C ?	Yes	No

2.2.4. HAZARDOUS MANAGEMENT

24. DO YOU HAVE ANY LOCAL SPECIFIC REGULATION? WHICH INTERNATIONAL REGULATION DO YOU FOLLOW?	ADR IATA IMO / IMDG	25. DESCRIBE LOCAL ADDITIONNAL REGULATION IF ANY	
26. ARE YOU ABLE TO PACK AND LABEL HAZARDOUS GOODS AS PER LOCAL/INTERNATIONAL RULES ?	Yes	No	If Yes : Outsourced Internal
27. ARE YOU ABLE TO PROVIDE MANDATORY HAZARDOUS DOCUMENTS ?	Yes	No	If Yes : Outsourced Internal

2.2.5 PAYMENT INFORMATION & SECURIZATION OF THE RECEIVABLES (NOT APPLICABLE FOR INDIVIDUALS)

28. PAYMENT TERMS (IN DAYS)	AVERAGE TERM OF PAYMENT FROM YOUR CUSTOMERS	AVERAGE TERM OF PAYMENT TO YOUR DOMESTIC SUPPLIERS	AVERAGE TERM OF PAYMENT TO YOUR FOREIGN SUPPLIERS (IMPORT)
29. PAYMENT METHOD WITH YOUR FOREIGN SUPPLIERS (IMPORT) * rate 1 to 3 for the most used option	BANK TRANSFER	LETTER OF CREDIT (L/C)	CHECK
30. SECURIZATION OF THE RECEIVABLES WITH YOUR FOREIGN SUPPLIERS (IMPORT) * rate 1 to 3 for the most used option	PAYMENT IN ADVANCE	LETTER OF CREDIT (L/C)	DEPOSIT
31. FINANCIAL STATEMENTS : PLEASE PROVIDE THE LAST TWO YEARS BALANCE SHEET AND P&L (NOT APPLICABLE FOR INDIVIDUALS)	PLEASE ATTACH YOUR FINANCIAL STATEMENTS (NOT your current account statements) - THEY MUST BE CERTIFIED BY EXTERNAL AUDITORS (IF ANY)		
32. HAVE YOU OR ANY RELATED ENTITY FILED FOR BANKRUPTCY IN THE PAST 10 YEARS? (NOT APPLICABLE FOR INDIVIDUALS)	Yes No		

Logistics TTOR (Time and Temperature Out of Range) management from the international logistics center (FR or US) to the end user

Distributor	
Your address	
Contact name (Phone & e-mail)	
Distribution area	

1. AIRPORT OF ARRIVAL								
Write the customs clearance average time below the corresponding case(s) you checked - only numbers (not "3 hours" or "3h")								
1.1. Custom broker or forwarder name :								
1.2 Storage at	2/8 °C		15/25 °C		Room Temperature	-20°C		
	Yes	No	Yes	No	Yes	No	Yes	No
1.3 Temperature data Available	Yes	No	Yes	No		Yes		No
						If No, Re-icing available?		
		Yes	No			Yes	No	
1.4 Longest Customs Clearance Time (in hours)								
1.5. Can the goods transit from initial cold room in the airport to another one managed locally by your handler ?			Yes		No			

2. TRUCKING TO WAREHOUSE								
Write the customs clearance average time below the corresponding case(s) you checked - only numbers (not "3 hours" or "3h")								
2.1. Carrier name								
2.2. Trucking conditions	2/8 °C		15/25 °C		Room Temperature			
	Yes	No	Yes	No	Yes	No		
2.3. Temperature Data Available	Yes	No	Yes	No				
2.4. Longest Transportation Time (in hours)								

3. WAREHOUSE

Write the customs clearance average time below the corresponding case(s) you checked - only numbers (not "3 hours" or "3h")

3.1. Reception						
3.1.1. Temperature	2/8 °C		15/25 °C		Room Temperature	
	Yes	No	Yes	No	Yes	No
3.1.2. Temperature Data Available	Yes	No	Yes	No		
3.1.3. Longest Reception Time (in hours)						
3.2. Storage						
3.2.1. Temperature	2/8 °C		15/25 °C		Room Temperature	
	Yes	No	Yes	No	Yes	No
3.2.2. Temperature Data available	Yes	No	Yes	No		
3.2.3. Quarantine Area available (identified area segregated from other products)	Yes	No	Yes	No		
3.3. Order Preparation						
3.3.1 Temperature	2/8 °C		15/25 °C		Room Temperature	
	Yes	No	Yes	No	Yes	No
3.3.2. Temperature Data available	Yes	No	Yes	No		
3.3.3 Longest Pick and Pack Time (in hours)						

4. DELIVERY TO END USER (Loading + Transport)

4.1. Transportation mode used locally : road, air, sea (please give details)						
	% OF SHIPMENTS Fill in the % of each shipping means. The sum must equal 100% (not less, not more)	T°C	TEMPERATURE DATA AVAILABILITY		AVERAGE DELIVERY TIME (in hours)	
4.2 Packing with blue ice (cold pack)						
4.3 Local Transportation		2/8 °C	Yes	No		
		Yes				
		15/25 °C	Yes	No		
		Yes				
		Room Temperature				
		Yes				
		No				

4. DELIVERY TO END USER (Loading + Transport) - Continue

4.4 TOTAL TTOR

(to be calculated by
BioMérieux SA
Transport Team)

4.5 Do you have a different process for products received from
BioMérieux INC and from BioMérieux SA ?

Yes

No

4.6 Do you deliver more than one country?

Yes

No

If YES, please fill out a questionnaire for each process/country