**Basic Information**

To receive a non-binding offer, please complete and return this form to Bernhard Megert, Head of Sales & Account Management. E-mail: bernhard.megert@alloga.ch.

**Customer / Company information**

|  |  |
| --- | --- |
| Company |       |
| Street |       |
| Postcode/town |       |
| Contact person (name / position) |       |
| Tel.  |       |
| Fax |       |
| E-mail |       |
| Annual sales (in CHF) |       |
| Requested start date |  |

**Customer base**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of customers** |  | **Percentage of sales** |  | **Percentage of Orders** |
| Wholesalers / physician suppliers |       |  |       |  |       |
| Hospitals |       |  |       |  |       |
| Pharmacies / drugstores |       |  |       |  |       |
| Physicians |       |  |       |  |       |
| Retail |       |  |       |  |       |
| Other |       |  |       |  |       |

**Basic logistics information**

|  |  |
| --- | --- |
| **Products:** | **Stock keeping units** |
| Pharmaceutical products, total SKU |       |
|  of these: OTC products |       |
|  of these: refrigerated products |       |
|  of these: prescription drugs |       |
|  of these: narcotics (separate storage) |       |
|  of these: cytostatics  |       |
|  of these: hazardous materials  |       |
| Non-pharmaceutical products, total SKU |       |
|  |       |

**Incoming goods**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of (per year)** | **Room temperature** |  | **Refrigerated products** |  | **Class A narcotics** |  | **Class B narcotics** |  | **Hazardous materials** |
| Incoming deliveries |       |  |       |  |       |  |       |  |       |
| Pallets |       |  |       |  |       |  |       |  |       |
| Mixed pallets (multiple batches) |       |  |       |  |       |  |       |  |       |
| Batches per incoming delivery |       |  |       |  |       |  |       |  |       |

|  |
| --- |
| **Batch release Yes No** |
| Inspection sample required | [ ]  | [ ]  |
|  if yes: Number of samples |       |
| Return of samples to stock | [ ]  | [ ]  |
| Return shipments to supplier | [ ]  | [ ]  |
| Inspection sample storage | [ ]  | [ ]  |

**Storage**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Inventory** | **Room temperature** |  | **Refrigerated products** |  | **Class A narcotics** |  | **Class B narcotics** |  | **Hazardous materials** |
| Ø Number of pallet spaces |       |  |       |  |       |  |       |  |       |
| Minimum inventory |       |  |       |  |       |  |       |  |       |
| Maximum inventory |       |  |       |  |       |  |       |  |       |

**Pick & pack**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of (per year)** | **Roomtemperature** |  | **Refrigerated products** |  | **Class A narcotics** |  | **Class B narcotics** |  | **Hazardous materials** |
| Packing lists / delivery notes |       |  |       |  |       |  |       |  |       |
| Delivery items |       |  |       |  |       |  |       |  |       |
|  |  |  |  |  |  |  |  |  |  |
| Palette shipments |       |  |       |  |       |  |       |  |       |
| Parcel shipments |       |  |       |  |       |  |       |  |       |

|  |  |  |
| --- | --- | --- |
| **Stock count** |  |  |
|  | **Yes** | **No** |  |   |  |  |
| Standard stock count (picking places) | [ ]  | [ ]  |  |  |  |  |
| Full stock count (incl. reserves) | [ ]  | [ ]  |  |  |  |  |

|  |
| --- |
| **Orders** |
| Number of electronic orders |       |
| Number of manual orders (fax, e-mail) |       |
| Number of electronic order lines |       |
| Number of manual (fax, e-mail) order lines |       |

|  |  |  |
| --- | --- | --- |
| **Returns** |  | **CRM** |
| Number of returns annually. |       |  | Number of complaints annually |       |
| Number of returned lines annually. |       |  | Number of customer inquiries annually |       |
| Drugs destroyed annually |       |  |  |  |
| Number of products to be destroyed annually |       |  |  |  |

**Additional services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Credit control and collections** | **Yes** | **No** |  | **Packaging** | **Yes** | **No** |
| Billing to customers | [ ]  | [ ]  |  | Labelling of primary packaging | [ ]  | [ ]  |
| \_Number of invoices |       |  | Repackaging of drugs and other goods | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  |  | Filling and packaging of promotional materials and POS displays | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
| **Clinical trials** | **Yes** | **No** |  | **Emergency shipments** | **Yes** | **No** |
| Management of clinical trial samples | [ ]  | [ ]  |  | Emergency deliveries 24 hours a day, 365 days a year | [ ]  | [ ]  |
| Distribution and management of accompanying documents | [ ]  | [ ]  |  | Number of life-saving drugs |       |
| Secure storage of products | [ ]  | [ ]  |  |
| Secure destruction of unused clinical trial samples | [ ]  | [ ]  |  |

**Additional services**

|  |
| --- |
|       |
| **Place / date:**       |  | **Signature:** |