



BUYING GROUP AFFILIATION DECLARATION FORM

Date: _____

RE: Declaration Form

To Moderna Membership,

This Buying Group Affiliation Declaration Form (this “**Declaration Form**”) is to declare that the undersigned facility is a Member of the buying group noted below specifically for the procurement of Moderna US, Inc. (“**Moderna**”) products.

I, the undersigned, acknowledge that any changes in our buying group affiliation may impact procurement processes and contractual obligations. By signing this Declaration Form, our facility agrees to adhere to all terms and conditions associated with the below-designated buying group for the entire duration of the Term of the purchasing Agreement between Moderna and such buying group. This means, for example, that our facility agrees to remain under the below-designated buying group’s Letter of Commitment with Moderna for the duration of such Term.

Facility Name	
Facility Street Address	
Facility City, State Zip	
DEA or HIN Number	
Current Designated Buying Group	Primary Care Alliance, Inc.
Future Designated Buying Group	Primary Care Alliance, Inc.
Health System Affiliation (if any)	
Effective Date	

A signed copy of this the Declaration Form is being electronically sent to contractops@modernatx.com with a copy to modernauscontracts@modernatx.com.

Sincerely,

[Authorized Signature]

[Authorized Signature Title]

[Authorized Signature Name]

[Authorized Signature Email]