

# **IQVIA DATA SUBMISSION REQUEST FORM**

Thank you for contacting IQVIA about your willingness to participate in our database. To be considered for our review process, please complete this form and email using the submit button below.

## **Your Business Information**

Business Name:

Street Address:

City:

State:

Zip Code:

Contact Person Name and Title:

Contact Phone Number:

Contact Email Address:

Parent Name and/or Corporate Affiliation:

1. Please individually list the NCPDP#(s) for each store you wish to participate in our database.
2. What is the name of the software vendor you utilize? (i.e., name of pharmacy terminal computer company supporting your store's pharmacy platform)
3. Do you use multiple software vendors? (If yes, please list the names of the different vendors you use and what business segment they support.)
4. How were you referred to **IQVIA**? (Please state the full name of the source and the name of the company they represent.)
5. Please provide any additional information impacting your request to participate in our database.

Thank you,

## **The IQVIA team**

*PLEASE NOTE: This email and any attachments may be confidential or privileged and is solely for the intended addressee(s). Do not share or use without IQVIA approval. If received in error, please contact the sender and delete the email and any attachments.*