Attachment C-References

RFQ C042570
Pharmacy Services
Bidder Name: _____

- Bidder must have a minimum of five (5) years' experience managing hospital pharmacies.

Bidder must provide the Pharmacy name, address, contact person, email address, and management dates that constitute the 5 years:

Hospital Pharmacy Name and Address	**Contact Name**	**Email address**	**Dates of Management**	**Services Performed**

- Bidder must have a minimum of five (5) contracts currently in place to provide comprehensive pharmacy management and operation services comparable in scope to those described in Section 4 in any setting.

Bidder must provide firm names, addresses, contact names, telephone numbers and email addresses for each of the five (5) contracts currently in effect:

Pharmacy Name	Address	Contact Name	Phone	Email Address

Vendor Name:_____

Primary Contact Name and Title:_____

Email Address:_____

Phone Number:_____