



**340B MANUFACTURER CHANGE FORM**



**Section 1. Required Information.** Complete this section as it appears on the 340B OPAIS.

<b>340B Manufacturer Labeler Code:</b>	
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**Section 2. Updated Information.** Only complete information that is to be changed.

<b>Manufacturer Name:</b>	
<b>Sub-Division Name:</b>	
<b>New Physical Address:</b>	
<b>New Physical Address City:</b>	
<b>New Physical Address State, Zip:</b>	
<b>CMS Termination Date:</b>	
<b>Termination Reason:</b>	

<b>New Authorizing Official:</b>	
<b>New Authorizing Official Title:</b>	
<b>New Authorizing Official Phone #:</b>	<b>Ext:</b>
<b>New Authorizing Official E-mail Address:</b>	

<b>New Contact Person:</b>	
<b>New Contact Title:</b>	
<b>New Contact Phone #:</b>	<b>Ext:</b>
<b>New Contact E-mail Address:</b>	

<b>Comments:</b>	
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**Note: The original signatory to the Pharmaceutical Pricing Agreement cannot be changed.**