

HOSPITAL PHARMACY DSCSA DETAILS

1.	Hospital Name:
2.	Ship-To Address:
3.	GLN:
4.	sGLN:
5.	Pharmacy DSCSA Email Contact:

DSCSA PROVIDER DETAILS

Do you have a DSCSA / EPCIS provider yet? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is your provider?
If no, when do you expect to decide on a provider?
DSCSA Provider Email Contact:

Crown DSCSA Details:

GLN Number:

1200144247371

GS1 ID (SGLN):

urn:epc:id:sgln:120014424737..0 **Our**

Provider's Email Contact:

anderson.kavamura@tracktracerx.com

Please email completed form to Info@crowndpharma.com

- OR -