

# Company Emergency Contact Information

## POISINDEX®

(Please List Each Division on a Separate Form)

### PART I

Please complete the following form, for use by POISINDEX® subscribers and our Data Acquisition Office. Please fill in all applicable spaces with the requested information.

Company Name (as it appears on product labels) \_\_\_\_\_  
Division of \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Numbers (including area code) Primary \_\_\_\_\_ Alternate \_\_\_\_\_  
24-hour Emergency Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Will your company accept collect calls in an emergency? YES \_\_\_\_\_ NO \_\_\_\_\_  
E-mail \_\_\_\_\_ Web site \_\_\_\_\_

### PART II

Please provide a name, title, and telephone number that we may use to obtain non-emergency information about your products.

Name \_\_\_\_\_ Title/Department \_\_\_\_\_  
Phone Number \_\_\_\_\_

### PART III

May we download product information from your Web site for inclusion in POISINDEX? YES \_\_\_\_\_ NO \_\_\_\_\_

Authorized by:

Name \_\_\_\_\_ Title/Department \_\_\_\_\_  
Phone Number \_\_\_\_\_

### PART IV

Name and title of appropriate person and/or department responsible for reviewing your company's product listings in POISINDEX.

Name \_\_\_\_\_ Title/Department \_\_\_\_\_  
Phone Number \_\_\_\_\_

Click submit to send completed form.

**SUBMIT**

Or, contact us at:

Truven Health Analytics  
ATTN: Product Information — POISINDEX  
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