**Group Purchasing Organization** **Evaluation Matrix**

|  |  |  |
| --- | --- | --- |
| **Discussion Questions** | **Vendor 1** | **Vendor 2** |
| **Demographic Analysis** |  |  |
| Where is the company headquartered? |  |  |
| Does this vendor serve my practice setting? What medical specialties? |  |  |
| **Products and Services** |  |  |
| What is the product inventory? |  |  |
| Where is the warehouse located? |  |  |
| Can I request a one-off product that is not typically offered? |  |  |
| Does the vendor offer support for practice HR? Surveillance? |  |  |
| **Membership Operations** |  |  |
| How much will I be saving with this vendor?  |  |  |
| Do I need to sign a contract? |  |  |
| What is the opt in – opt out process? |  |  |
| Are there monthly or annual membership fees to join? |  |  |
| Are there minimum spending requirements? |  |  |
| Will the vendor notify me about price increases? |  |  |
| What is the billing process? (credit application, invoice, automatic credit card bill) |  |  |
| **Orders and Shipping** |  |  |
| Do I have access to a portal with my order history? |  |  |
| Can I order large quantities for a bulk discount, but ship in smaller quantities? |  |  |
| Can I pre-schedule shipments? |  |  |
| What are the options for reordering inventory? (bar codes, online, onsite) |  |  |
| Do you accept returns? |  |  |
| Is there an account representative for problems with my order? |  |  |
| What are the customer service location and hours? – Domestic or international? |  |  |
| What are my delivery options? (UPS, FedEx) |  |  |
| What is the turnaround time from ordering to delivery? |  |  |

**Additional benefits or miscellaneous information:**