

# A Compounding Pharmacist's Business Development Planner

This is an exclusive survey. The results of this survey will be held confidential by Corporate Medisca. Thank you in advance for taking the time to complete this survey. The data will be used in support of our product / service portfolio and to best serve your organizations needs in the years to follow. Once we have received your survey results we will credit you \$25.00 toward your next purchase of chemicals from Medisca Inc as a token of our appreciation and for your continued support.

**Please complete these demographics. All fields are required.**

**Name:** \_\_\_\_\_

**Pharmacy Name / Store Number:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP Code:** \_\_\_\_\_

**e-Mail Address:** \_\_\_\_\_

**My age is between:**

- 20 and 29
- 30 and 39
- 40 and 49
- 50 and 59
- 60 and 69
- Other:** \_\_\_\_\_

The following questions will help us to determine where to place our efforts and resources in the development of current and cutting-edge Certificate Programs in Pharmacy, seminars and symposiums.

**My level of interest in the following Certificate Programs in Pharmacy Compounding are:**

**(Please check a box for every line)**

	Interest Level			
	Strong	Moderate	Little	None
Non-sterile Compounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sterile Compounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USP & related Regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antineoplastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative / Terminal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other interests include:	_____			

The following series of questions will assist us in determining the best mode of communication in which to offer Certificate Programs in Pharmacy, seminars and symposiums.

**I actively surf the Web:**

**(Please check a box for every line)**

	Activity Level			
	Heavy	Moderate	Little	Not at all
At work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For Compounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For e-Mail Purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**My level of interest in the following methods of information dissemination are:**

**(Please check a box for every line)**

	Interest Level		
	Strong	Moderate	Little
Self-study Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-study & Live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line Internet-based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web-based Seminars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**I have completed these types of Continuing Education Programs in the past:**

**(Please check a box for every line)**

	Frequency		
	10 or more	5 to 10	Less than 5
Self-study Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-study & Live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line Internet-based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web-based Seminars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# A Compounding Pharmacist's Business Development Planner

The following series of questions will assist us in determining your current practice needs as it applies to niche market pursuits and associated regulatory compliance guideline training.

## I currently prepare compounds for these niche markets:

(Please check as many boxes as is indicated)

- |  |  |   |
|--|--|---|
| <input type="radio"/> Andropause           | <input type="radio"/> Menopause                | <input type="radio"/> Podiatric           |
| <input type="radio"/> Antineoplastics      | <input type="radio"/> Ophthalmic               | <input type="radio"/> Respiratory         |
| <input type="radio"/> Dental               | <input type="radio"/> Otic                     | <input type="radio"/> Sports Medicine     |
| <input type="radio"/> Dermatological       | <input type="radio"/> Pain Management          | <input type="radio"/> Veterinary Medicine |
| <input type="radio"/> Erectile Dysfunction | <input type="radio"/> Palliative/Terminal Care | <input type="radio"/> Other: _____        |
| <input type="radio"/> Hormone Replacement  | <input type="radio"/> Pediatric                |   |

## I prepare these types of compounded medications:

(Please check a box for every line)

	Activity Level			
	Many	Few	None	N/A
Low Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medium Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-sterile Preparations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sterile Preparations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In order to conform to USP regulatory guidelines, I'm willing to invest in the purchase of Standard Operating Procedures, that would require some degree of customization to reflect my practice, at the level of:

- |   |   |
|---|---|
| <input type="radio"/> Up to \$795           | <input type="radio"/> Between \$895 and \$995 |
| <input type="radio"/> Between \$795 and 895 | <input type="radio"/> More than \$995         |

I would be interested in having performed, an independent and objective audit/inspection of my compounding facility:

- Yes       No

## I adhere to these regulatory guidelines by having implemented:

(Please check as many boxes as is indicated and at least one box for every line)

	Variable Options			
	QA Program	Written SOPs	Verification Process	Needs Improvement
USP 795	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USP 797	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JCAHO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIOSH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Regulatory Guidelines: \_\_\_\_\_

I would be willing to pay the following sum of money, not including auditor travel expenses, for an independent and objective audit/inspection of my compounding facility:

- Less than \$500
- Between \$500 and \$750
- Between \$750 and \$1,000
- Between \$1,000 and \$1,250
- Between \$1,250 and \$1,500
- More than \$1,500

I require professional training in the following areas:

	Training Level			
	Significant	Moderate	Little	None
Business Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing/Advertising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Niche Market Dev.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Business Field: \_\_\_\_\_

Thank you for completing this Business Development Planner Survey.

Please fax **each side of this copy** of the survey to 514.905.5097 or 514.333.1693

or

Mail to:

Medisca Network Inc  
 (Professional Survey)  
 6090 Henri-Bourassa West  
 St-Laurent, Quebec H4R 3A6