

FORM C: KEPIVANCE PRODUCT REQUEST

Facility Name:
 Shipping Address:
 Sponsor Number:
 Customer Number:
 Fax Number:

Contact Name: _____

Kepivance Patient Assistance Program
P.O. Box 13185
La Jolla, CA 92039-3185

Patient Last Name	Patient First Name	Date of Birth	Last 4 Digits of SSN (optional)	Product Name	Unit of Measure Vial/ Syringe/ Units	Vial / Syringe Strength	Quantity Vials/ Syringes / Units Dispensed	Start Date	End Date	Case ID (For Internal Use Only)

Certification Statement

By submitting this application, I agree to the following:

I certify that the Biovitrum product reported on this form, for which I am requesting free replacement, was furnished free of charge to a Kepivance Patient Assistance Program patient. I represent that the information provided in this form is complete and accurate to the best of my knowledge and agree to notify the Kepivance Patient Assistance Program of any changes I become aware of which could affect patient eligibility. I further certify that I am authorized to act for the institution for which I am signing.

I understand that the Kepivance Patient Assistance Program is available for outpatient use only. I certify that no replacement will be requested for product administered in the hospital inpatient setting.

I authorize this replacement order to be shipped to my office for in-facility use. I further authorize this replacement order to be shipped in single units as a prescription. **I understand that in the event the signature below is not a physician's, the Kepivance Patient Assistance Program will ship the closest wholesale quantity and credit any remaining balance to my facility's account.**

Physician or Sponsor Original Signature: _____

(Stamps not accepted)

Date: _____

Print First Name / Last Name: _____

Physician State License Number: _____

Title: _____

Email: _____

Contact Phone Number: _____

Send completed forms to: The Kepivance Patient Assistance Program, P.O. Box 13185, La Jolla, CA 92039-3185 Tel: 866.547.0644 Fax: 866.549.7219
--

Internal Processing Only Date Received _____
--