CSL Behring

CSL Behring Sample Program Product Request

Zemaira®
alpha$_1$-proteinase inhibitor (Human)

Instructions: Please complete this form in its entirety in order for the sample request to be processed. Upon completion, please sign the authorization at the bottom of the form and remember to include the state license number.

Please fax or mail completed form to: CSL Behring Customer Support

FAX: (610) 878-4888
TEL: (800) 683-1288

1020 First Avenue, P.O. Box 61501
King of Prussia, PA 19406-0901

CSL Behring Representative _____ Date _____

Prescriber Information:

Physician Name _____ Patient Identifier/Initials _____

Physician's Shipping Address:

Name _____ Office Contact _____
Address _____ Phone _____
Suite _____ Fax _____
City _____
State _____ Zip _____

Product Information – Zemaira® (Subject to Availability):

Weekly Prescribed Dose = 60MG/KG x _____ KG (enter body weight) = _____ MG
Number of weeks of free sample requested: ☐ 1 week ☐ 2 weeks

Support Service Information:

Accredo Therapeutics, Inc. will provide service to you and your patient while he or she is on Zemaira® Sample Product.

Where would you like your patient to receive his or her Zemaira® infusions? ☐ My Office ☐ Patient's Home

Check ALL Accredo Services you are requesting:

☐ Training for your patient/office staff by an Accredo Therapeutics nurse on proper reconstitution and infusion of Zemaira®

☐ Reconstitution and infusion by an Accredo Therapeutics nurse for your patient

PHYSICIAN/PRESCRIBER AUTHORIZATION: I certify: (1) that the patient for whom I am making this request has no treatment history with Zemaira®; (2) that these samples will not be exported or transferred in exchange for money, other property, or services; and (3) that I will not, and will ensure that no other person or entity shall, sell or seek reimbursement for these samples from any source whatsoever, including Medicaid/Medicare or any other third-party program that provides cost or charge-based reimbursement either directly or indirectly.

Physician/Prescriber Signature _____ State License # _____