# AlphaNine® SD
## Coagulation Factor IX (Human)

# FREE TRIAL REQUEST FORM

### Requesting Physician Information

First Name:_____ Last Name: _____

Street Address:_____ Suite Number:_____ City: _____

State:_____ Zip Code: _____ Phone Number: _____

Email: _____ Rx License:_____

**Samples may only be delivered to a licensed physician or pharmacy facility.**

**Deliver to:**

Facility: _____

Address:_____ ❑ Address same as above City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Email: _____

### Prescription Information

Medical record number: _____ Patient's weight: _____kg or _____ lb

Dose:_____ IU/ dose Total requested: _____ IU

**Patients are eligible for up to 3 total doses with a maximum of 12,000 IUs.**

Healthcare Professional Certification

**By signing below, I certify as follows:**

1. That the therapy requested on this enrollment form is intended for a specific patient currently under my supervision and that it is medically necessary for said patient;
2. That I will not resell any product provided through this Grifols AlphaNine® SD Free Trial Offer to any third party;
3. That I will not bill any third party, including Medicare or Medicaid or any other federal healthcare program, for any product provided through this offer;
4. That I understand that in accordance with government regulations, patients are not allowed to participate in this offer if they are covered in whole or in part by any federal or state healthcare program, including but not limited to Medicare or Medicaid; and
5. That this patient, who is the sole recipient of this trial prescription, is not currently receiving therapy with AlphaNine® SD.

Physician Signature: _____ _____ Date: _____
Print Name Signature

**Please email completed form and copy of pharmacy license to customer.service@grifols.com or fax the information to Grifols Customer Service at 919-316-6546 for review and approval.**

For further information call: **Grifols USA, LLC** Professional Services: 888-GRIFOLS (888 474 3657)
Customer Service: 888 325 8579; Fax: 323 441 7968 **www.grifols.com**

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**Grifols Inc.**
5555 Valley Boulevard, Los Angeles California 90032, USA

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