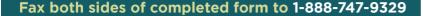
FREE TRIAL REQUEST FORM





New patients are eligible for 1 free month of IXINITY up to 20,000 IU. The IXINITY Free Trial Program is available only to patients who have not previously enrolled in this program and are not currently using IXINITY.

INSTRUCTIONS 1. Complete both pages of this form. 2. When requesting Custom Ancillaries to be shipped with the Free Trial, please indicate selection(s) on the opposite side of this form. 3. Fax both sides of the completed form to 1-888-747-9329 or email to IXINITY@thealliancepharmacy.org IMPORTANT: This form must be filled out completely and signed by your healthcare professional, or it will not be processed. If you are ordering Custom Ancillaries, BOTH sides of the form must be faxed to the number above. Your Free Trial product and Custom Ancillaries will be shipped via overnight courier directly to the patient's or physician's address of choice as indicated below. Please ship to (select one): Patient's address ☐ Physician's address ☐ PATIENT INFORMATION First Name _____ Last Name ____ DOB Please include phone number and email so shipment arrangements can be confirmed. Shipping Address (No PO Boxes) _____ _____ State _____ Zip Code _____ City ____ Primary Health Insurance Provider _____ IMPORTANT: Your answer to the following question will not disqualify you from participation in the IXINITY Free Trial or Custom Ancillary programs. I authorize the administrator of this program to share my email address with Medexus Pharma so I may receive information on product updates and new developments (select one): Yes □ No □ PRESCRIBER INFORMATION Physician Name _____ State License # _ Physician Address _____ _____ State _____ Zip Code _____ Contact name for this product request _____ Phone Email _____ PRESCRIPTION INFORMATION Patient Weight_____lb___kg Baseline FIX______% Target FIX_____ Total IXINITY IU required for 1 dose ______ Number of doses requested _____(Max 1 month up to 20,000 IU) Special Instructions ____ Authorized refills: 0. Free trial prescription is valid for one time only with no refills. Prescriber Authorization: I hereby verify that, to my knowledge, the above patient has no treatment history with the brand-named

product requested. This trial product will not be exported or transferred in exchange for money, other property, or services. No portion of this trial product will be used for reimbursement from Medicaid/Medicare or any other third-party program that provides

cost- or charge-based reimbursement to the participating institution, either directly or indirectly.

Physician/Prescriber Signature

NPI#

FREE TRIAL REQUEST FORM



Fax both sides of completed form to 1-888-747-9329

LI want to receive Custom Ancillarie	s. Please see completed information below. Lidono	ot want to receive Custom Ancillaries.
Patient Last Name	Physician Name	
Contact Phone Number		
	able at no additional cost with IXINITY. Following the Patients are eligible to receive Custom Ancillaries as Ic	
PATIENT INSTRUCTIONS		
1. Check 1 selection for each categor	ry below.	
	, please check "Other" and describe it in detail in the lin owever, availability of specially requested items is not g	
3. To make changes to your ancillary	supply selections at any time, please call 1-855-IXINIT	Y (1-855-494-6489).
Winged Infusion Sets	☐ Winged Infusion Set Long 12" 23 gauge ☐ Winged Infusion Set Long 12" 25 gauge ☐ Winged Infusion Set Short 3.5" 23 gauge ☐ Winged Infusion Set Short 3.5" 25 gauge	8" length may also be available Other
Sponge Gauze	☐ Sponge Gauze 8 Ply Sterile 2" x 2" ☐ Sponge Gauze 8 Ply Sterile 4" x 4"	Other
Bandages	☐ Adhesive Strip Sheer Plastic 3/4" x 3" ☐ Adhesive Bandage Woven 3/4" x 3" ☐ Bandage Adhesive Spot Oval Coverlet 1-1/4"	□ Other
Extra Syringes	□ 5 mL □ 10 mL □ 20 mL	Other
Flex Wrap	☐ Bandage Cohesive Flex Wrap 2" Wide ☐ Bandage Cohesive Flex Wrap 3" Wide	□ Other
Tourniquet	☐ Seraket® Automatic Tourniquet by Propper☐ Traditional Velcro Tourniquet☐ Traditional Elastic Tourniquet	Other
Please Include	☐ Sterile Alcohol Prep Pads ☐ Other Item ☐ Disposable Infusion Mats —————	o(s)

