Sample Request Form

Complete, Sign and Email or Fax this form to GelClair® (Bioadherent Oral Gel)
Sample Order Fulfillment:

Email: gelclairsamples@rxsinfo.com   Fax: (833) 411-0268

PLEASE NOTE: INCOMPLETE REQUEST FORMS CANNOT BE PROCESSED AND SUPPLIES WILL NOT BE FORWARDED.

ALL FIELDS BELOW ARE MANDATORY.

Practitioner Designation: ❑ MD ❑ DO ❑ NP* ❑ PA* ❑ OTHER ____________

Practitioner First Name____Last Name ____

Address ____
(Samples will not be delivered to a PO Box; please provide your office address)

City____State______________________________ZIP___________________

Phone Number__________________________Fax Number __________________________Email ___________________________________

Fax or Email Fields are Mandatory.

State License # ____Expiration Date ____

Both State License & Expiration Date are Mandatory Fields.

Helsinn Therapeutics (U.S.) Inc. reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s).

GelClair® (Bioadherent Oral Gel)
NDC#: 89141-456-01
Quantity: 4 Boxes
How Supplied: 4 Sachets per box (4x15ml)

I understand that Helsinn Therapeutics (U.S.) Inc. is providing GelClair free of charge as indicated above. I certify that I am a licensed practitioner eligible to request, receive, prescribe and dispense these samples. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter or return them for credit. Additionally, by signing below, I certify that I will not seek payment or reimbursement from any patient, third party payer (including but not limited to Medicare or Medicaid) or other entry for any professional sample(s) I may receive free of charge as a result of **this request.** *If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible, in the state in which I am now practicing, to request and receive these samples and I have my supervising Physician's approval to do so (if applicable). Finally, the undersigned practitioner certifies that he/she (a) is affiliated with the entity and location identified above and any additional shipping locations listed, (b) will be responsible in all respect for the receipt, recordkeeping, storage, handling and accountability of pharmaceutical products shipped to the entity at such location(s), and (c) will immediately notify Helsinn Therapeutics (US) Inc. if either of the foregoing statements is no longer true. This certification and authorization does not apply to shipment of controlled substances.

____   ______/______/______
Practitioner Signature (no signature stamps)   Date

____   ____________________
Practitioner Name   Professional Designation

Sample Request Forms are processed within three (3) business days following the receipt of a ***complete and valid*** sample request form. All the fields above, including professional designation, are mandatory. We do not ship product Thursday through Sunday.

GELCLAIR® is a registered trademark of Helsinn Healthcare SA, Switzerland. Manufactured for: Helsinn Healthcare SA, Lugano, Switzerland. GELCLAIR® is distributed in the U.S. by Helsinn Therapeutics (U.S.), Inc.

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