

# ZEMAIRA® PRODUCT SAMPLE REQUEST

ZLB Behring LLC is pleased to offer our customers a free sample of Zemaira®, alpha<sub>1</sub>-proteinase inhibitor (Human). Please complete the attached form and fax it directly to ZLB Behring Customer Support at 1-610-878-4888. In order to process your sample request, all information below must be completed.

ZLB BEHRING REPRESENTATIVE \_\_\_\_\_ REQUEST DATE \_\_\_\_\_

## 1. Requestor Information /Shipping Address (No P.O. Boxes, Please)

PHYSICIAN NAME \_\_\_\_\_ SPECIALTY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

PATIENT IDENTIFIER (PATIENT INITIALS AND ZIP CODE) \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

STATE LICENSE # OR DEA (DRUG ENFORCEMENT ADMIN.) I.D.# \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT I AM CURRENTLY LICENSED WITH THE APPROPRIATE STATE AUTHORITIES TO RECEIVE THESE SAMPLES.

SIGNATURE \_\_\_\_\_

## 2. Product Information

PRODUCT NAME (Subject to Availability) \_\_\_\_\_ *Zemaira®*

WEEKLY PRESCRIBED DOSE = 60 MG/KG X \_\_\_\_\_ KG (ENTER BODY WEIGHT) = \_\_\_\_\_ MG

# OF WEEKS OF FREE SAMPLE REQUESTED \_\_\_\_\_ 1 wk \_\_\_\_\_ 2 wks

## 3. Support Service Information

ACCREDITO 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** ACCREDITO SERVICES YOU ARE REQUESTING:

TRAINING FOR YOUR PATIENT/OFFICE STAFF BY AN ACCREDITO THERAPEUTICS NURSE ON PROPER RECONSTITUTION AND INFUSION OF ZEMAIRA®

RECONSTITUTION AND INFUSION BY AN ACCREDITO THERAPEUTICS NURSE FOR YOUR PATIENT

FOR INTERNAL USE ONLY: ORDER # \_\_\_\_\_ DATE \_\_\_\_\_ CSR INITIALS \_\_\_\_\_

# VIALS \_\_\_\_\_ LOT # \_\_\_\_\_ POTENCY \_\_\_\_\_

ZLB BEHRING AUTHORIZATION OF SUPPORT SERVICE REQUEST

EXPECTED ARRIVAL DATE OF SAMPLE PRODUCT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Experience  
Zemaira®  
For Yourself!

## ZEMAIRA® SAMPLE PROGRAM

ZLB Behring is pleased to provide the Alpha-1 community with the option of trying Zemaira® at no charge for up to two weeks.

### How To Receive Your Zemaira® Trial Pack

- Take this offer to your physician
- Ask your physician to complete the attached sample request form and fax it directly to ZLB Behring Customer Support at 1-610-878-4888
- Your Zemaira® trial pack will be **shipped directly to your physician within one week**
- Contact your physician to discuss administration of your Zemaira® trial pack

This offer is valid for a limited time.

For additional information, please call 1-866-Zemaira or visit [www.Zemaira.com](http://www.Zemaira.com).

  
alpha<sub>1</sub>-proteinase inhibitor (Human)

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