

**DO NOT DUPLICATE**

Please fax the completed Sample Request Form to 1-844-526-0172

Date of Request: _____

Expiration Date: _____

Practitioner Information

Practitioner/Physician Name: _____

State License #: _____

Practice/Group Name: _____

Professional Designation: _____

Address Line 1: _____

Specialty: _____

Address Line 2: _____

Fax #: _____

City: _____ State: _____ Zip: _____

Phone: _____

Practitioner/Physician NPI #: _____

Email: _____

Secondary Authorization #: _____

Product Description**Quantity**

Zenpep® (pancrelipase) capsules 40,000 USP lipase capsule (12 capsules/bottle)

 5 Bottles

Zenpep® (pancrelipase) capsules 25,000 USP lipase capsule (12 capsules/bottle)

 5 Bottles

Zenpep® (pancrelipase) capsules 20,000 USP lipase capsule (12 capsules/bottle)

 5 Bottles

Zenpep® (pancrelipase) capsules 10,000 USP lipase capsule (100 capsules/bottle)

 1 Bottle

Zenpep® (pancrelipase) capsules 5,000 USP lipase capsule (100 capsules/bottle)

 1 Bottle

Zenpep® (pancrelipase) capsules 3,000 USP lipase capsule (100 capsules/bottle)

 1 Bottle Check this box to OPT-OUT of future communication regarding Zenpep® drug samples.

Manufactured by: ADARE Pharmaceuticals, Inc.

Distributed by: J. Knipper and Company, Inc.

Practitioner Authorization and Signature

I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these products in compliance with applicable state and federal laws. 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 products and that I have my supervising Physician's approval to do so. I have requested these products for the medical needs of my patients. I will not sell, resell, trade, barter, donate, return for credit or seek third-party reimbursement for them. I understand the risk of acute exacerbation of hepatitis B in patients coinfecting with HIV-1 and HBV who discontinue treatment with Biktarvy®, and the potential resistance concerns associated with HIV-1 treatment interruption.

For Ohio licensed healthcare professionals: the Ohio Board of Pharmacy requires Terminal Distributors of Dangerous Drugs to obtain a TDDD license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in ORC 4729.541. More information on Ohio's requirement can be found at <http://www.pharmacy.ohio.gov/PrescriberTDDD>. Therefore, if you are an Ohio licensed healthcare professional who claims an exemption to the terminal distributor of dangerous drug licensing requirement, by checking the box below you attest that you meet one of the licensing exemptions under ORC 4729.541. Your signature on this sample request form serves as attestation that you have the appropriate TDDD licensure or qualify under an exemption.

 Ohio TDDD Exemption**DATE
& SIGN
HERE****X***

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|--|--|--|--|--|--|--|--|--|--|

Date (MM/DD/YYYY)

X*

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Licensed Practitioner's Signature

* This request cannot be filled unless this form is signed and dated in ink. Signature must be original, not signature stamp.