Attr: Customer Relations 1.304-285-6418 EMAIL: CR.Sampling@viatris.com NO. W47488 Healthcare Professional (HCP) Sample Request Form for: XULANE® (norelgestromin and ethinyl estradiol transdermal system) 150/36 mcg per day NDC: 0378-3340-32 Monufactured and distributed by Mylan Pharmaceuticals Inc., a Viatris Company. Please Circle requested quantity: 8 or 12 NOTE: A maximum of one request per licensed prescriber per day will be processed Healthcare Professional's Name (First Name) (Middle Initial) (Last Name) Professional Designation: MD DO PA NP HCP's State License #: State NP1 #: NP1 #	SEND TO: Mylan Pharmaceuticals Inc., a Viatris Company, Attn: Customer Relations FAX #: 1-304-256-481 EMAIL: GR. Sampling@viatris.com NO. W47488 Healthcare Professional (HCP) Sample Request Form for: VVIANE® (nore)gestromin and ethinyl estradiol transdermal system) 150/35 mcg per day NDC: 0378-3340-32 Manufactured and distributed by Mylan Pharmaceuticals Inc., a Viatris Company. Please circle requested quantity: 6 or 12 NOTE: A maximum of one request per licensed prescriber per day will be processed Healthcare Professional's Name Pease Pinnl (First Name) (Middle Initial) (Last Name) Pease Pinnl (First Name) (Middle Initial) (Last Name) Pease Pinnl (First Name) (Middle Initial) (Last Name) NPI #:	Sample I	Request Requirements	INTERN	INTERNAL USE ONLY	
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City:	City: Note: Shipments will only be made to a registered state license address. For Ohio HCPs, the address must match the TDDD license. Phone: Certify, by signing below, that I am a licensed practitioner authorized by state and federal law to prescribe, request and receive these drug samples. I am requesting these samples for the medical needs of my patients and will not sell, purchase, trade, barter, return for credit, or to do so, or seek reimbursement for these samples. HCPs Signature: Date: (HCP must sign and date. Stamped signature not accepted.) MANDATORY SECTION FOR ALL OHIO HCPs Under Ohio law Mylan Pharmaceuticals Inc., a Viatris Company, may only provide drug samples to a prescriber whose practice is licensed as a Terminal Distributor of Dangerous Drugs ("TDDD") or is exempt from such licensure under Ohio Revised Code ("ORC") § 4729.541. A TDDD license allows a business entity to receive, purchase, and possess prescription drugs, including drug samples, for distribution to patients. For more information on TDDD licensing requirements for exemptions, please refer to section 4729.541 of the ORC. The above information is being provided for your convenience and is not offered, nor should it be construed, as legal advice. Please select and complete one of the following: The practice at which I work, [insert name] located at the address I provided above, has an active TDDD license number is and expires on located at the address I provided above, is subject to one of the TDDD license that allows me to receive and store the requested samples at this location. The TDDD license number is and expires on located at the address I provided above, is subject to one of the TDDD license number is located at the address I provided above, is subject to one of the TDDD license in provided above is complete and accurate and attest that I can receive and store the requested samples at the address I provided because I hold an unrestricted, active TDDD license or my practice is exempt from obtaini	Address (no P	O Box #)·			
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In compliance with the "Prescription Drug Marketing Act", ONLY valid, COMPLETED, SIGNED, and DATED Sample Requests will be processed. In addition, Healthcare Professional or authorized designee must sign, date, and fax Acknowledgement of Contents form to Mylan Pharmaceuticals Inc., a Viatris Company, upon delivery of sample shipment.



