



# Medical Information Request Form

Information Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ Date: \_\_\_\_\_  
(healthcare professional) (MD, PhD, PharmD, NP, PA, RN)

Send information via:  Email  Fax  FedEx  MSL presentation  
 Request call back at phone number listed above

**Sancuso**

Phone: 1-800-SANCUSO (1-800-726-2876)  
 Fax: 1-866-433-0090  
 Email: Sancuso@kyowakirin.com

**Fareston**

Phone: 1-800-305-FARESTON (1-800-305-3273)  
 Fax: 1-866-433-0090  
 Email: Fareston@kyowakirin.com

## FOR KYOWA KIRIN INTERNAL USE ONLY

Check one:  Sales Specialist  Regional Manager  Corporate Account Manager  
 Medical Science Liaison (MSL)  Other

I acknowledge this request for medical information is unsolicited and submitted according to current standard operating procedures.

Print Name: \_\_\_\_\_ Territory: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**DO NOT USE THIS FORM TO REPORT AN ADVERSE EVENT OR A PRODUCT COMPLAINT.  
 PLEASE CALL THE PRODUCT SPECIFIC HOTLINE LISTED ABOVE.**