



Primsol® (trimethoprim hydrochloride oral solution) Sample Request Form

Thank you for your interest in obtaining Primsol® Solution samples.

To receive samples, please complete this form, sign and date it and **fax it to (407) 641-9776**.

Medical Practice Name

Address

City

State

Zip/Postal Code

Phone

Fax

You will receive the following samples:

Product	NDC#	Size	Quantity		
Primsol® Solution (trimethoprim hydrochloride 50 mg / 5 mL)	13551-501-01	20mL	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6

*Please allow 5 business days for delivery.

“By signing this form I certify that I have requested the items listed above in the quantities designated. I further certify that I am a licensed practitioner eligible to receive and prescribe these samples. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing, to request and receive these samples and that I have my supervising Physician’s approval to do so. My signature on this form certifies that I recognize that sample products are for the medical needs of my patients and will not be sold, traded, bartered, returned for credit or utilized to seek or obtain reimbursement.”

Professional ID

BRCID

License Number

State of Licensure

MD DO NP PA Other (Please Specify) _____

Professional Designation

Authorizing Practitioner Name (Print)

Specialty

Authorizing Practitioner Signature (No stamps)

Date

You can find product information at www.primsofsolution.com or if you have any questions regarding the Aytu BioScience product sampling program, please contact us at (855) 298-8246

Primsol® Solution is marketed by Aytu BioScience, Inc. 373 Inverness Parkway, Suite 200 Englewood, CO 80112