SOVUNA™
(hydroxychloroquine sulfate)
200 mg | 300 mg

DO NOT DUPLICATE

Please fax the completed Sample Request Form to 1-877-328-8396.

Practitioner Information

* Practitioner First Name: _____
* Practitioner Last Name: _____
* Professional Designation: ◯MD ◯DO ◯NP ◯PA ◯Other: _____
Office Name: _____
* Address 1: _____
Address 2: _____
* City: _____
* State: _____ * Zip Code: _____

* State License: _____
Specialty: _____
* Telephone: _____
* Fax: _____
Email: _____

Fields preceded with an * are required.

Product Information

Product Code	Product Description	Quantity
70954-804-30	SOVUNA Hydroxychloroquine Sulfate, USP Tablets 200 mg	◯ 5
70954-805-20	SOVUNA Hydroxychloroquine Sulfate, USP Tablets 300 mg	◯ 5

If no quantity is selected, you will receive 5 sample units of each strength.

Minimum 5 bottles
Max 10 bottles

☐ Check this box to OPT-OUT of future communication regarding drug samples, or contact J. Knipper and Company via fax at 1- 877-328-8396.

Manufactured by: Novitium Pharma LLC*, 70 Lake Drive, East Windsor, NJ, 08520
*Novitium Pharma LLC is a subsidiary of ANI Pharmaceuticals, Inc.

Distributed by: ANI Pharmaceuticals, 210 Main Street West, Baudette, MN, 55623

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.

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 and that you have the appropriate TDDD licensure or qualify under an exemption.

☐ Ohio TDDD Exemption

DATE & SIGN HERE X _____ X* _____

Date (MMDDYYYY) **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.**