

JELMYTO CREDIT REQUEST FORM



Initiate a request for credit to your account by completing all information below. All claims for credit are subject to the applicable terms of UroGen's Return Goods Policy.

HUB ID: _____	
Patient initials: _____	Patient date of birth: _____
Appointment date: _____	
Did the patient receive treatment with JELMYTO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason treatment did not occur: _____	
Is your office requesting credit for this dose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot # _____	Expiration Date: _____
Do you confirm JELMYTO has been destroyed and discarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach proof of destruction, if applicable.	
Name of person completing the form: _____	
Contact information:	
email _____	and/or phone # _____
Site of Care Address: _____	

Site of Care _____ Date _____

Please read UroGen's Return Goods Policy carefully prior to completing and submitting this form. Once completed, email this form to UroGen Support at contact@UroGenSupport.com.

Note: Allow at least 20 business days for review of your credit request and to receive your credit memo from Cardinal Health via email. For questions regarding the status of your credit request, please contact Cardinal Health at 877-488-3569 or distribution@UroGenSupport.com.

NOTICE: Please do not include UroGen employees on this correspondence.