

# UROGEN RETURN REQUEST FORM



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

HUB ID or distributor PO #: \_\_\_\_\_

Patient initials: \_\_\_\_\_ Patient date of birth: \_\_\_\_\_

Order date: \_\_\_\_\_

Reason treatment did not occur:  SOC or patient cancelled/rescheduled  Mixing error

Product defect  Treatment discontinued  Order error  Expired  Other

Is your office requesting a replacement?  Yes  No

Lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

NDC: \_\_\_\_\_

Do you confirm product has been destroyed and discarded?  Yes  No

Attach proof of destruction, if applicable.

Name of person completing the form: \_\_\_\_\_

Contact information:

Email: \_\_\_\_\_ and/or phone #: \_\_\_\_\_

Site of care name and address: \_\_\_\_\_

Signature: \_\_\_\_\_ 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 [returns@UroGenSupport.com](mailto:returns@UroGenSupport.com).**

**NOTE:** Allow at least 30 business days for review of your credit request and to receive your credit memo from the distributor via email. For questions regarding the status of your credit request, please contact Cardinal Health at 877-488-3569 or Cencora-Besse Specialty Distributor at 800-543-2111.

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