



Medical Information Request Form

Medical Information
https://medinfo.biogen.com
866-MED-INFO [866-633-4636]
medinfo@biogen.com

- INSTRUCTIONS:
1. Complete **ALL** fields from sections A and B of the form (unless noted optional) legibly.
 2. Include only one requestor per form.
 3. Fax completed form to **877-462-1530** or email to **medinfo@biogen.com**

A. Healthcare Professional Contact Information:

Requestor's Name:

Degree

MD DO PharmD RPh PA NP RN Other: _____

Institution/Office:

Street Address:

City:

State:

Zip Code:

Telephone Number (Including Area Code):

Fax Number (optional):

Email Address (optional):

B. Unsolicited Medical Information Request:

Please check product(s) for information:

Neurology

- AVONEX® (interferon beta-1a) TYSABRI® (natalizumab) ZINBRYTA® (daclizumab)
 PLEGRIDY® (peginterferon beta-1a) TECFIDERA® (dimethyl fumarate) SPINRAZA™ (nusinersen)

Pipeline

Aducanumab (Aβ mAb)

OTHER: _____

Inquiry:

Please check one:

_____ This inquiry does not represent an adverse event experienced by a patient

_____ This inquiry represents an adverse event experienced by a patient:

Patient Name or Initials _____ DOB _____ Gender _____

Health Care Professional's Signature: _____ Date of Request: _____

Preferred method of response: Fax Mail Email Phone

C. Representative Contact Information: (To Be Completed by Representative)

By submitting this form, I certify that this request for information was initiated by the healthcare professional stated above, and was not solicited by me in any manner.

Representative Name:

Representative Type and Territory:

Primary Telephone Number: