



# 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<sup>®</sup> (interferon beta-1a)  TYSABRI<sup>®</sup> (natalizumab)  ZINBRYTA<sup>™</sup> (daclizumab)  
 PLEGRIDY<sup>®</sup> (peginterferon beta-1a)  TECFIDERA<sup>®</sup> (dimethyl fumarate)

### Hematology

- ALPROLIX<sup>®</sup> [Coagulation Factor IX (Recombinant), Fc Fusion Protein]  
 ELOCTATE<sup>®</sup> [Antihemophilic Factor (Recombinant), Fc Fusion Protein]

### Pipeline

- Aducanumab (A $\beta$  mAb)  Nusinersen (IONIS-SMN<sub>Rx</sub>)  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: \_\_\_\_\_