

For the following states product will be shipped by Rite Aid Specialty Pharmacy located at 704 Quince Road, Suite 150, Gaithersburg, MD, 20878. California, Illinois, Kansas, Louisiana, Missouri, Montana, Nevada, Oklahoma, Tennessee, Vermont, Virginia and Washington.

Shipping Information

School Name _____	School District Name _____
School District NCES ID # _____	School NCES ID # (if applicable) _____
Tax ID# / EIN # _____	Not for Profit? <input type="radio"/> Yes <input type="radio"/> No
Shipping Address _____	
City _____	State _____ Zip Code _____
Phone # _____	Secondary # _____
Email _____	Fax # _____
Prescribing Physician Name _____	State License # _____

Billing Information (if different from shipping)

School Name _____	School District Name _____
Billing Address _____	
City _____	State _____ Zip Code _____
Phone # _____	Secondary # _____
Email _____	Fax # _____
A/P Contact Name _____	Title _____
Phone # _____	Fax # _____ Email _____
Authorized Purchaser _____	Title _____
Phone # _____	Fax # _____ Email _____
PO required? <input type="radio"/> Yes <input type="radio"/> No	Assigned Anda Vendor # (Required) _____

AUTHORIZED SCHOOL SIGNATORY NAME

SIGNATURE

DATE

Auvi-Q Auto-Injector Units at Discounted Price	Quantity Ordered (2 per pack*)	Discounted Price Per Unit <small>(One Unit = 2 Auto-Injectors and 1 Training Device)</small>	Total
Auvi-Q (epinephrine injection, USP), 0.15 mg		\$222.00	
Auvi-Q (epinephrine injection, USP), 0.3 mg		\$222.00	
Total Quantity Ordered		\$222.00	

*Please note there are two Auvi-Q Epinephrine Auto-Injectors and one Training Device per unit purchased.
Example: If you wish to order 100 Auvi-Q Epinephrine Auto-Injectors, put 50 in the Quantity Ordered box.

CERTIFICATION: The school and/or school district identified above (the "School") hereby acknowledges and agrees that the Auvi-Q Epinephrine Auto-Injectors School Program made available by Sanofi to the School is because it is a school and is conditioned upon the undersigned making this certification to Sanofi.

The School represents and warrants to Sanofi that:

- (i) the School will only receive/purchase/stock Auvi-Q (epinephrine injection, USP), 0.15 mg and Auvi-Q (epinephrine injection, USP), 0.3 mg in accordance with all applicable laws for use by the School, and the School has presented a valid prescription or order for the product;
- (ii) the School is an entity whose primary purpose is education for students in grades K through 12 and is licensed as an educational facility under all applicable laws;
- (iii) the School shall make best efforts to provide appropriate product training to any School personnel who may administer an Auvi-Q Epinephrine Auto-Injector;
- (iv) the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified above;
- (v) the School shall only purchase Auvi-Q Epinephrine Auto-Injectors for its own use and the School shall not sell or transfer any Auvi-Q Epinephrine Auto-Injectors purchased at the discounted price to any third party and shall not seek reimbursement from an insurer or healthcare program;
- (vi) any transfer of any quantity of Auvi-Q Epinephrine Auto-Injectors purchased at the discounted price available to the School in violation of this certification will be considered a breach of this certification allowing Sanofi to prohibit the School from purchasing Auvi-Q Epinephrine Auto-Injectors at the discounted price available to schools;
- (vii) all of the information provided in this certification is true, complete and accurate.

AUTHORIZED SCHOOL SIGNATORY NAME (NURSE OR OTHER MEDICAL PROFESSIONAL)

SIGNATURE

DATE

Please fax the following to **1-855-297-0086** or e-mail scan to **auviqsp@andanet.com**

Phone: 855-72-AUVIQ (855-722-8847)

- 1) A signed copy of this form with all information completed
- 2) A valid Auvi-Q prescription or order for the total number of Auvi-Q Epinephrine Auto-injectors ordered (the prescription should be made out to the school name not to a patient name)

Note: Sanofi reserves the right to change or discontinue the program at any time.

INTERNAL USE ONLY

SALES REP NAME:

REMEDY ID #: