

# Sample Request Fax Form

To receive your complimentary samples of  
**LINZESS® (linaclotide)**  
complete this form and fax it to:

**LINZESS® Sample Order Fulfillment**  
**FAX # : 1.877.477.1258**

**Linzess**<sup>®</sup>  
*(linaclotide) capsules*  
72 mcg • 145 mcg • 290 mcg

Visit [ALLERGANACCESS.com](http://ALLERGANACCESS.com) to view Allergan savings programs and brand support resources. No login required.

Your shipment of professional samples may only be sent to your office address.

**Please Note: In compliance with the Prescription Drug Marketing Act, incomplete request forms cannot be processed and samples will not be forwarded.**

Practitioner/Physician name	MD DO NP PA	Professional designation (circle one)
Phone number		Fax number
Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)		

City	State	ZIP code
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Product request:	Product description:	NDC #
<input type="checkbox"/> (Please Check) <input type="checkbox"/> <b>6 bottles</b>	<b>Linzess® (linaclotide) Capsules</b> 72 mcg capsules (each bottle contains 4 [four] 72 mcg capsules)	<b>NDC 0456-1203-04</b> Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> <b>6 bottles</b>	<b>Linzess® (linaclotide) Capsules</b> 145 mcg capsules (each bottle contains 4 [four] 145 mcg capsules)	<b>NDC 0456-1201-04</b> Manufacturer: Forest Laboratories Ireland, Ltd or Almac Pharma Services Ltd. Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> <b>6 bottles</b>	<b>Linzess® (linaclotide) Capsules</b> 290 mcg capsules (each bottle contains 4 [four] 290 mcg capsules)	<b>NDC 0456-1202-04</b> Manufacturer: Forest Laboratories Ireland, Ltd or Almac Pharma Services Ltd. Authorized sample distributor: J. Knipper and Company, Inc.

Resource request:	Resource description:	Code
<input type="checkbox"/> <b>1 Order</b>	<b>Linzess® Patient Brochure and Holder Kit</b> (each order contains 10 brochures)	<b>LIN113996-b</b>
<input type="checkbox"/> <b>1 Order</b>	<b>Linzess® Patient Savings Card</b> (each order contains 5 cards)	<b>LIN105143-v5-a</b>
<input type="checkbox"/> <b>1 Order</b>	<b>Linzess® Getting Started Brochure</b> (each order contains 10 brochures)	<b>LIN113715-v2</b>
<input type="checkbox"/> <b>1 Order</b>	<b>Linzess® ICD-10 Diagnosis Codes</b> (each order contains 10 sheets)	<b>LIN116744-v2</b>

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Allergan reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s).

Practitioner/Physician signature	Date
State license number	Expiration date

Please see full Prescribing Information, including Boxed Warning, available at [www.linzesshcp.com](http://www.linzesshcp.com).  
Please refer to the Allergan Privacy Statement at [www.allergan.com/privacy](http://www.allergan.com/privacy) and the California Privacy Policy at [www.allergan.com/privacy/ccpa](http://www.allergan.com/privacy/ccpa)



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