

Lexicon Pharmaceuticals Inc. – Medical Information Request Form (MIRF)

Instructions:

- Complete all MIRF fields legibly and include only one requestor per MIRF.
- E-mail the completed MIRF to medical-information@lexpharma.com or fax the completed MIRF to **1-908-292-1182**.

For questions, please call **Medical Information at 1-844-LexPhar (1-844-539-7427)**
Monday-Friday, 9:00 am – 7 pm EST/6:00 am – 4:00 pm PST

 TBM DSA MSL Other

Name: _____ Phone: _____ E-mail: _____

This form is **not intended to report adverse events (AEs) or product quality complaints (PQCs)**. To report an AE or PQC please call the Medical Information Department at **1-844-LexPhar (1-844-539-7427)**.

Requested Response Method:
 E-mail Phone Fax Mail In person by a Medical Science Liaison (MSL)

Professional Information: *(This form is intended only for US healthcare professionals [HCPs] or consumers)*

- I am a HCP with an active State License Number.
- I am a HCP without an active State License Number.
- I am not a HCP.

Contact Information: *(Include phone number and/or fax number and/or e-mail address)*

Requestor's Name: _____

 Salutation: M.D. D.O. Pharm.D. R.Ph. P.A. N.P. R.N. Other _____

Title: _____

Institution/Office: _____

Address: _____

City: _____ State : _____ Zip: _____

Phone (include area code): _____ FAX (include area code): _____

E-Mail: _____

Customer Signature (required):

*This signature verifies that this request for information was unsolicited. Request is not valid without a signature.
 The information you provide will be treated in accordance with Lexicon's Privacy Policy.*

Please Send Information on the Following:
Product: Telotristat Ethyl None/Other

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
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