

UROGEN RETURN REQUEST FORM

UroGen
Support™

Initiate a request for replacement or credit to your account by completing all information below. All claims for replacement and credit are subject to the applicable terms of UroGen's Return Goods Policy.

HUB ID or distributor PO #: _____

Patient initials: _____ Patient date of birth: _____

Order date: _____

Reason treatment did not occur: ☐ SOC or patient cancelled/rescheduled ☐ Mixing error

☐ Product defect ☐ Treatment discontinued ☐ Order error ☐ Expired ☐ Other

Is your office requesting a replacement? ☐ Yes ☐ No

Lot #: _____ Expiration date: _____

NDC: _____

Do you confirm product has been destroyed and discarded? ☐ Yes ☐ No

Attach proof of destruction, if applicable.

Name of person completing the form: _____

Contact information:

Email: _____ and/or phone #: _____

Site of care name and address: _____

Signature: _____ Date: _____

Please read UroGen's Return Goods Policy carefully prior to completing and submitting this form. Once completed, email this form to UroGen Support at returns@UroGenSupport.com.

NOTE: Allow at least 30 business days for review of your credit request and to receive your credit memo from the distributor via email. For questions regarding the status of your credit request, please contact Cardinal Health at 877-488-3569 or Cencora-Besse Specialty Distributor at 800-543-2111.

NOTICE: Please do not include UroGen employees on this correspondence.