

**Bronchitol**<sup>®</sup>  
(mannitol) inhalation powder

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inhalation powder  
**TOLERANCE TEST REQUEST FORM**

To receive BRONCHITOL Tolerance Tests (BTTs), please return completed form by either:

**FAX: (614) 652-0209 or Email: [BTTrequest@cardinalhealth.com](mailto:BTTrequest@cardinalhealth.com)**

**Note: Maximum of 8 tolerance tests per HCP per month.**



**BRONCHITOL Tolerance Test  
(10 capsules and 1 inhaler per carton)  
NDC #10122-212-02  
Quantity requested \_\_\_\_\_ carton(s)**

**Licensed Practitioner's Contact Information** *(Please Print)*

Practitioner Name: \_\_\_\_\_ Professional Designation: MD DO NP PA

Healthcare Facility Affiliation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite Number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State License Number: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Office Email Address: \_\_\_\_\_



**Licensed Practitioner's Signature** *(Required)*

**Date** *(Required)*

By signing and returning, I certify I am a licensed practitioner eligible to request, receive, prescribe, and dispense these complimentary tolerance tests at the location above. If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible, in the state in which I am now practicing, to request and receive these tolerance tests, and I have my supervising Physician's approval to do so. I have requested these tolerance tests for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit, or seek third-party reimbursement for them. I understand in order to continue to receive tolerance tests an acknowledgment of content/delivery must be signed. OHIO PRESCRIBERS ONLY: I understand that Ohio law (Rev Code 4729.51) requires me (or my practice) to hold a valid Terminal Distributor of Dangerous Drugs (TDDD) license or meet an exemption to receive prescription drugs, including tolerance tests. By signing this form, I certify that I (or my practice) possess a valid Ohio TDDD license for the "ship to" address on this form or I (or my practice) are exempt from the Ohio TDDD licensing requirements. Guidance from Ohio State Board of Pharmacy on prescriber licensure can be found at : [www.pharmacy.ohio/prescriberTDDD](http://www.pharmacy.ohio/prescriberTDDD).

**Please note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and Tolerance Tests will not be sent.**

Chiesi USA, Inc. does not ship BRONCHITOL Tolerance Tests to any licensed healthcare professional in the state of Vermont due to state laws restricting Rx drug sampling.

For any questions pertaining to your order, please call 888-315-7960. For any questions pertaining to the product or usage, please visit [www.bronchitol.com](http://www.bronchitol.com).

To report SUSPECTED ADVERSE REACTIONS, or any product defects, contact Chiesi USA at 1-888-661-9260 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

BRONCHITOL<sup>®</sup> is a registered trademark of Pharmaxis, Ltd.

Chiesi USA, Inc. • 175 Regency Woods Place, Suite 600, Cary, NC 27518 • Phone (888) 466-6505 • [www.chiesiusa.com](http://www.chiesiusa.com)

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