

VIVOTIF® PRODUCT REPLACEMENT PROGRAM

Program Administration Form

By checking this box, the named Participant confirms that the Participant has (i) contacted PaxVax Medical Information at medicalinformation@paxvax.com or 888-483-9053 to verify viability of the doses as required by the Program Terms and Conditions, and (ii) has directed the Participant's patient to restart taking Vivotif®.

The named Participant purchased Vivotif from - PaxVax Third Party

Submitter's Name: _____

Participant/Facility Details:

Name: _____ Date: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ PaxVax Account ID: _____

Please complete the following information about the product for which the named Participant is seeking credit or replacement:

Expiration Date: _____ Lot Number: _____

Reason for replacement:

Improper storage by patient Improper administration by patient Other

Please explain what happened: _____

If the Participant purchased Vivotif from a Third Party and not PaxVax, please complete the following information:

Product purchased from: _____

License Type: _____ License Number: _____ Name on License: _____

By submitting this form to PaxVax or its agent, I agree and acknowledge that (i) I am either the named Participant or I am authorized to submit this form on behalf of the named Participant, (ii) I have read the Vivotif® Dose Replacement Program Terms and Conditions and (iii) the named Participant's participation in the Vivotif® Dose Replacement Program and eligibility to receive product credits or replacement product under such program is subject to such Terms and Conditions and the named Participant's compliance herewith.

Signature

Email Requests to Customercare@PaxVax.com [Subject Line 'Product Replacement']
or fax forms to 1-800-392-9490
Call Customer Service at 1-800-533-5899 for any Questions