

Guidelines



Your patient must be enrolled in the Genentech Patient Foundation to use this form



Deliveries can be scheduled **Tuesday through Friday**



All information on this form is **required**



Fax the completed Product Replacement Form to **(877) 428-2326**

Important Reminders



Providing additional documents or information will delay processing



Requests can be processed only *after* medication has been administered



Replacement product may be requested for only 12 months after administration

Replacement shipments may be best for practices that prefer to treat patients with existing stock and have replacement medicines shipped after treatment.

- **This option is not available for patient-administered medicines**
- **Replacement shipments can only be delivered directly to the practice or site of treatment**

The Genentech Patient Foundation helps eligible patients receive their Genentech medicine for free.
For a current list of medicines available for replacement, please visit **GenentechPatientFoundation.com** or call **(888) 941-3331**.



Product Replacement Form

Prescriber to Complete

GenentechPatientFoundation.com

Phone: (888) 941-3331

Fax: (877) 428-2326

All fields required

M-US-00000340(v3.0) 05/21

Practice/Site of Treatment Information

Ship to Practice/Site of Treatment: _____

Street: _____ Suite: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Days available to receive shipments: ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ All (Tues–Fri)

Reminders

- This form is only for patients who are enrolled in the Genentech Patient Foundation
 - To enroll a new patient, visit **GenentechPatientFoundation.com**
- The information provided to the left corresponds to the location to which the medication will be shipped
- Multiple patients and products may be entered on a single form, provided the shipping address is the same for all

Product Information

Patient ID #	Patient Name (Last, First)	Patient Date of Birth	Product Name	UOM* (Vial, Syringe, Unit)	Amount Infused/Injected	Date of Service

*Unit of measure.