



**Sandoz Enhanced Verification Form**

**Instructions**

Please submit a completed Enhanced Verification Form for each product verification request. Please send the completed form and product label photo(s) to:

[verification.sandoz@sandoz.com](mailto:verification.sandoz@sandoz.com)

<b>Date</b>	
<b>Wholesaler/Dispenser State</b>	
<b>License Number</b>	
<b>Wholesaler Name</b>	
<b>(on Behalf Of:)</b>	
<b>Wholesaler Address</b>	
<b>Contact Name</b>	
<b>Contact Phone</b>	
<b>Contact Email</b>	
<b>Is Product in Your Possession</b>	
<b>Product Description*</b>	
<b>-Product Name*</b>	
<b>-Product Strength*</b>	
<b>-Lot Number (LOT)*</b>	
<b>-Expiration Date (EXP)*</b>	
<b>Global Trade Item No. (GTIN)*</b>	
<b>Serialization Number (SN)*</b>	
<b>Reason for Verification Request</b>	
<b>Additional Comments</b>	

*\*If possible, please also attach photo(s) of the product which includes this information*

<b>FOR SANDOZ USE ONLY</b>	
Sandoz Reference Number	
Sandoz Response & Date	

Please attach photo(s) below, thank you.

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