



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

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

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

FOR SANDOZ USE ONLY	
Sandoz Reference Number	
Sandoz Response & Date	

Please attach photo(s) below, thank you.

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