

**Vermont Office of Attorney General
109 State Street
Montpelier, VT 05609-1001**

2011 Samples Disclosure Form for Manufacturers of Prescribed Products

Reporting Period: January 1, 2011 to December 31, 2011; Due Date: April 1, 2012

Name of Manufacturer											
Last Name of Recipient						First Name				MI	
Lic. Number/ID Number of Recipient											
Date Delivered						Number of Samples					
Contents (Check all that apply)					<input type="checkbox"/> Prescribed Product		<input type="checkbox"/> Vouchers, etc		<input type="checkbox"/> Other (Including Non-Prescribed Items or Educational Materials)		
Prescribed Product											
Prescribed Product Type	Prescribed Product Name			Units/Sample		Dosage or N/A		Description			
▼											
▼											
▼											
Vouchers, Coupons, Co-Pay Cards, Etc.											
Prescribed Product Type	Prescribed Product Name or N/A			Vouchers/Sample		Description of Product/Discount					
▼											
▼											
▼											
Other (Including Non-Prescribed Items or Educational Materials)											
Prescribed Product Type	Prescribed Product Name or N/A			Other Sample Type		Description of Item/Discount/Material					
▼				▼							
▼				▼							
▼				▼							

Next Disclosure

Submit by Email

Print for Your Records

2011 Samples Disclosure Field Values

Product Type

- Pharmaceuticals
- Biologics
- Medical Devices
- Combination Product

Sample Type

- Non-Prescribed Item
- Educational Material
- Other