

**CERTIFICATION FORM:**

**Free EpiPen® (epinephrine) Auto-Injector EpiPen4Schools® Program**

The school and/or school district identified below (the "School") hereby acknowledges and agrees that the Free EpiPen® (epinephrine) Auto-Injector EpiPen4Schools® Program made available by Mylan Specialty L.P. ("Mylan Specialty") to the School is because it is a school and is conditioned upon the undersigned making this certification to Mylan Specialty.

The School represents and warrants to Mylan Specialty that:

- i. all of the information provided in this certification is true, complete and accurate;
- ii. the School will only receive EpiPen® (epinephrine) 0.3mg and EpiPen Jr® (epinephrine) 0.15mg Auto-Injectors in accordance with all applicable laws for use by the School, and the School has presented a valid prescription for the product;
- iv. the School is an entity whose primary purpose is education for students in grades K through 12 that is licensed as an educational facility under all applicable laws;
- v. the School shall make best efforts to provide appropriate product training to any School personnel who may administer an EpiPen® or EpiPen Jr® Auto-Injector;
- vi. the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified below;
- vii. such EpiPen® Auto-Injectors received by the School shall be for its own use and the School shall not sell or transfer any such EpiPen® Auto-Injectors received pursuant to the Free EpiPen® Auto-Injector EpiPen4Schools® Program to a non-school third party, unless the prior written approval of Mylan Specialty, in its sole discretion, is obtained; and
- viii. any transfer of any quantity of EpiPen® Auto-Injectors received pursuant to the Free EpiPen® Auto-Injector EpiPen4Schools® Program available to schools in violation of this certification will be considered a breach of this certification allowing Mylan Specialty to prohibit the School from receiving EpiPen® Auto-Injectors pursuant to the Free EpiPen® Auto-Injector EpiPen4Schools® Program available to schools.

**Please input the number of EpiPen 2-Pak® and/or EpiPen Jr 2-Pak® units below.**

Authorized Schools are eligible to receive four EpiPen Auto-Injectors in the form of two EpiPen 2-Pak units; or two EpiPen Jr 2-Pak units; or one of each 2-Pak units. Total quantity ordered must be no more than two 2-Paks.

<b>Two FREE 2-Pak Units (4 Total EpiPen Auto-Injectors)</b>	<b>Quantity Ordered*</b>	<b>Price</b>
EpiPen 2-Pak® Units		FREE
EpiPen Jr 2-Pak® Units		FREE
Total Quantity Ordered (*must be no more than two 2-Pak Units per school†)		FREE

Please check if you would like to receive periodic updates about this program or EpiPen Auto-Injector.

*\*Please note there are two auto-injectors per EpiPen 2-Pak or EpiPen Jr 2-Pak. Example: If you wish to order 2 EpiPen Auto-Injectors and 2 EpiPen Jr Auto-Injectors, put the number 1 in the Quantity Ordered box next to EpiPen 2-Pak and 1 in the Quantity Ordered box next to EpiPen Jr 2-Pak. If you wish to order 4 EpiPen Jr Auto-Injectors, put the number 2 in the Quantity Ordered box next to EpiPen Jr 2-Pak and 0 (zero) in the Quantity Ordered box next to EpiPen 2-Pak.*

**† ORDERING FOR MULTIPLE SCHOOLS:** *If you are ordering for multiple schools within a single school district, you may order up to two 2-Pak® Units per school. For example, if you are ordering two EpiPen Jr 2-Paks for each of 10 schools, you should enter 20 in the Quantity Ordered column next to EpiPen Jr 2-Pak Units. Under this scenario, your total quantity ordered cannot exceed the number of schools multiplied by 2.*

If the terms and conditions provided in this certification are amended, modified or altered in any way, it will be considered null and void.

School/School District Name:	
School Address:	
City/State/Zip:	
School Phone:	
Authorized School Signatory Name:	
Authorized School Signatory Title:	
Authorized School Signatory E-mail:	
Signature:	Date:

**Please fax the completed Certification Form and a copy of a valid EpiPen Auto-Injector prescription to BioRidge Pharma, LLC**

**Attn: Kristina Paich**

**Fax: 973-718-4328 or e-mail scan to: [info@bioridgepharma.com](mailto:info@bioridgepharma.com)**

**Phone: 973-845-7600**

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