

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

2015 Samples Disclosure Form for Manufacturers of Prescribed Products

Reporting Period: January 1, 2015 to December 31, 2015; Due Date: April 1, 2016

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

Next Disclosure

Submit by Email

Print for Your Records

2015 Samples Disclosure Field Values

Product Type

- Pharmaceuticals
- Biologics
- Medical Devices
- Combination Product
- Medical Food
- Infant Formula
- Medical Equipment/Supplies

Other Sample Type

- Non-Prescribed Item
- Educational Material
- Other