



Division of Oneg HaKarmel Ltd.

## HemaClear Trial Request Form

### Instructions

To qualify for your \$200/300 Promo, please use this HemaClear Trial request form to get product samples. **Completely** fill out Part I legibly, & if anything isn't applicable, please put N/A. If the shipping address is the same as the Facility address, simply put "Same as Above" in name for Shipping Address.

After this, submit the form to Ethan Reynolds & Larry Murdock, ethan@hemaclear.com & larry@hemaclear.com, or fax to 866-430-6132; or text photo to 951-255-9297.

After the trial is over, please complete the rest of the form out, Part III, and return to us also.

### Part I

ISR Name	Name: _____ Date _____
Facility Name & Address	Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____
Shipping Address	<b>You or Facility?</b> (Circle One) Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____
OR Manager	Name: _____ Phone: _____ Email: _____ Fax: _____
Trial Date (At least a 10 Day Notice)	
Please list the Surgeons & Procedures for the trial, Adult or Peds	

OHK Medical Devices, Inc. - Division of Oneg HaKarmel Ltd.  
2885 Stanford Avenue SW, #14751, Granville, MI 49418-13423  
Phone: 866-503-1470 - Fax: 866-430-6132  
info@hemaclear.com | www.HemaClear.com





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## Part II

Comments: \_\_\_\_\_ Approve/Not Approved \_\_\_\_\_

OHK Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Stock to Send: \_\_\_\_\_

Qualifies for \$300?: \_\_\_\_\_

## Part III

Brief summary of trial, surgeon & OR personnel comments, results and next steps.

Please email or fax back this completed form to the aforementioned emails or 442-222-6671.

If you are running to meet a purchaser in Materials Management, take pictures of the complete form and text to my cell phone: 951-255-9297.

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