



HemaClear Trial Request Form

Instructions

Qualify for your \$100 Promo and request your HemaClear samples with this form. Complete Part I and submit to Kristen Schmidt, kristen@hemaclear.com or fax to 866-430-6132; or text photo to 951-255-9197. After the trial is over, please fill out Part III and return to Kristen also.

Part I

ISR Name	Date _____
Shipping Address (this is for our shipper so, they send the HemaClears to the correct address)	You or the Facility? Street City State Zip Phone
OR Manager name and contact info	
Trial Date - we like a 10 day advance notice	
Name of Facility	
Surgeon & Procedures for trial, Adult or Peds	
Surgeon & Procedures for trial, Adult or Peds	
	Use back of form for more surgeons & procedures

Part II

Comments: _____ Approve/Not Approved _____

OHK Manager: _____ Date: _____

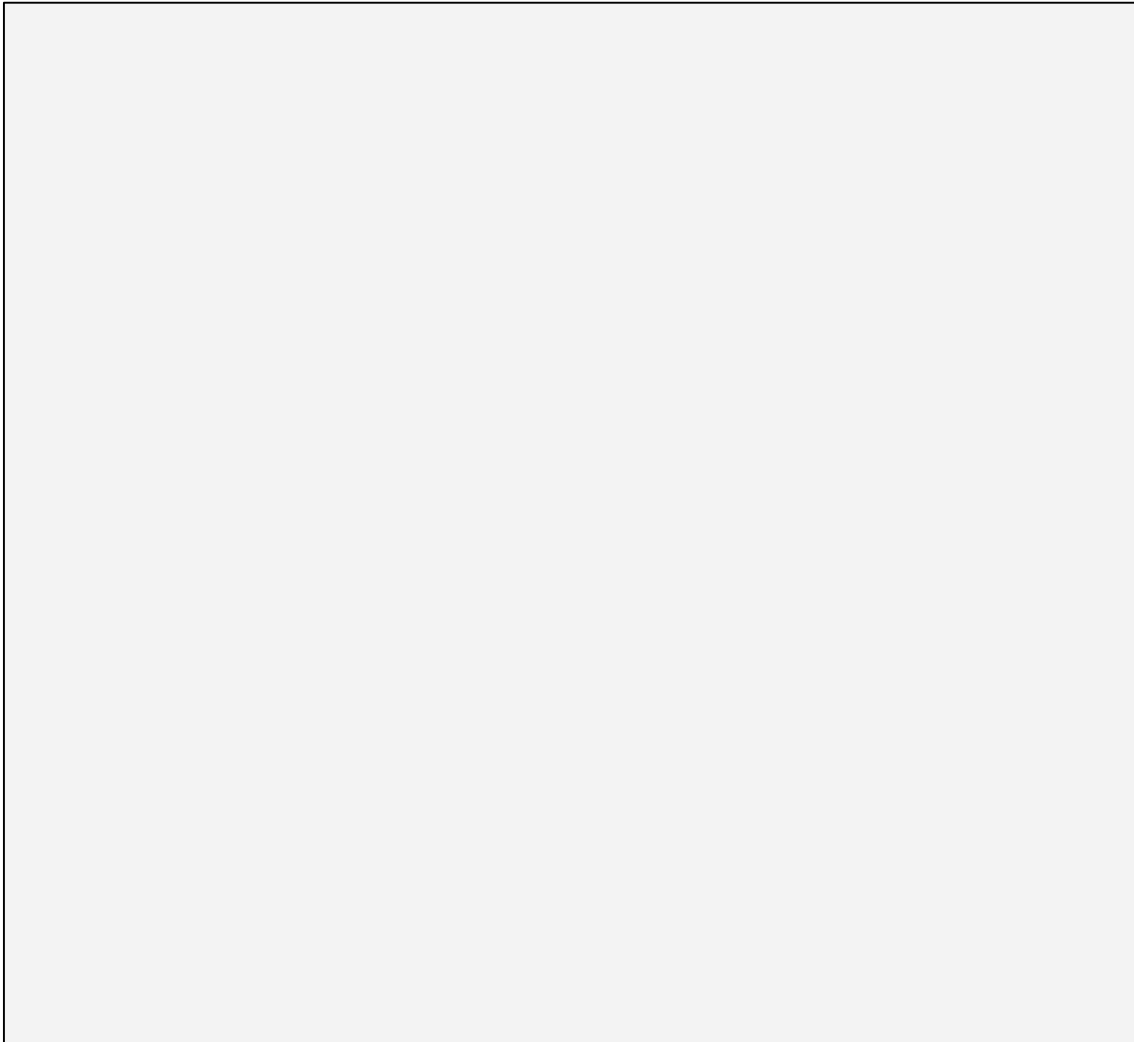
Part III

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





Division of Oneg HaKarmel Ltd.



Please email or fax back this completed form to larry@hemaclear.com 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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