

MANUFACTURER'S SPECIAL

YEAR END SALE

BUY 3, GET 1 FREE!



LIMITED TIME ONLY
10.01 ▶ 12.31

Once you have ordered your three (3) Hemasure® iFOB qualifying kits from your distributor, please fill out the form below and send along with a copy of your invoice or packing slip to (626) 606-0565 or you can scan and email to sales@hemasure.com.

THIS OFFER CANNOT BE USED IN CONJUNCTION WITH ANY OTHER DISCOUNT OR PROMOTIONAL OFFER. Offer valid only from October 1, 2024 until December 31, 2024. While supplies last. Hemasure®, Inc. will ship your fourth kit one (1) month from invoice date. Qualifying orders must contain a minimum of three (3) kits of the same part number on a single purchase order. Due to manufacturer price increases, prices are subject to change without notification. Offer valid only on Hemasure® T1-CK30, T1-CK30T, T1-CK50, T1-CT30, T1-CT50, and DUO-iFOB20. Upon any request by Medicare, Medicaid, Tricare or other payer, you must report the value of any benefit received from a discount program (e.g., points redemptions, gifts or other special awards). To continue to receive valuable information and offers from Hemasure®, Inc., no action on your part is required. Under Federal and State law, you have the right to have your fax number placed on our Do Not Fax list. If you choose to be placed on our Do Not Fax list, you may not be eligible for certain product discounts and other special offers that are only available through our fax promotions. In order to be placed on our fax advertising Do Not Fax list, please fill out the form, fully complete the required information, and fax this request to our fax advertising 24 hour fax number: 626.606.0565
If you have any questions please call Hemasure®, Inc. at 888-HEMOSURE (436-6787). We would be happy to assist you!

Full Name: _____ Title: _____
 Company: _____ Email: _____ Phone #: _____
 Distributor: _____ Distributor Rep: _____ PO #: _____
 Address: _____ City: _____ State: _____
 ZIP Code: _____ Hemasure Rep Name: _____
 Promo Code: **YEAREND24** Offer Expires: **December 31, 2024** Do Not Fax List:

Product #:	Description	Quantity (Limit 30)
<input type="checkbox"/> T1-CK30*	Hemasure® iFOB Test (30 Tests)	_____
<input type="checkbox"/> T1-CK30T	Hemasure® iFOB Test (30 Tests)	_____
<input type="checkbox"/> T1-CK50	Hemasure® iFOB Test (50 Tests)	_____
<input type="checkbox"/> T1-CT30	Hemasure® iFOB Test Cassette (30 Cassettes)	_____
<input type="checkbox"/> T1-CT50	Hemasure® iFOB Test Cassette (50 Cassettes)	_____
<input type="checkbox"/> DUO-iFOB20	Hemasure® DUO-iFOB Test (10 Home Kits)	_____