HEMOSURE®
Detect to Correct

#1 iFOBT in the US Market!

CLIA WAIVED

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) Hemosure® 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@hemosure.com*.

THIS OFFER CANNOT BE USED IN CONJUNCTION WITH ANY OTHER DISCOUNT OR PROMOTIONAL OFFER. Offer valid only from October 1, 2026 until December 31, 2026. While supplies last. Hemosure®, 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 Hemosure® 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 Hemosure®, 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 Hemosure®, 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: _____ Hemosure Rep Name: _____

Promo Code: **YEAREND26** Offer Expires: **December 31, 2026** Do Not Fax List: ☐

Product #:	Description	Quantity (Limit 30)
☐ T1-CK30*	Hemosure® iFOB Test (30 Tests)	_____
☐ T1-CK30T	Hemosure® iFOB Test (30 Tests)	_____
☐ T1-CK50	Hemosure® iFOB Test (50 Tests)	_____
☐ T1-CT30	Hemosure® iFOB Test Cassette (30 Cassettes)	_____
☐ T1-CT50	Hemosure® iFOB Test Cassette (50 Cassettes)	_____
☐ DUO-iFOB20	Hemosure® DUO-iFOB Test (10 Home Kits)	_____