

COLORECTAL CANCER

AWARENESS PROMO

**BUY 2 GET 1
FREE**
MARCH 1-31, 2025

Once you have ordered your two (2) 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) 443-8193 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 March 1-31, 2025.

Hemosure®, Inc. will ship your third kit one (1) month from invoice date. Qualifying orders must contain a minimum of two (2) 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, PRE-PACK iFOB20, 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: 626.443.8193
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: HCRC1-25 Offer Expires: March 31, 2025 Do Not Fax List:

Product #:	Description	Quantity (Limit 20)
<input type="checkbox"/> T1-CK30*	Hemosure® iFOB Test (30 Tests)	_____
<input type="checkbox"/> T1-CK30T	Hemosure® iFOB Test (30 Tests)	_____
<input type="checkbox"/> T1-CK50	Hemosure® iFOB Test (50 Tests)	_____
<input type="checkbox"/> PRE-PACK iFOB20	Hemosure® PRE-PACK iFOB Test (20 Tests)	_____
<input type="checkbox"/> DUO-iFOB20	Hemosure® DUO-iFOB Test (10 Home Kits)	_____