



Medical Information Request Form

Email this form to the Medical Science Liaison Team Email: msl@vcel.com

Product: MACI® (autologous cultured chondrocytes on porcine collagen membrane)
 Epicel® (cultured epidermal autografts)

HCP preferred method of contact:

Phone call Email Face to face meeting

Please print all information and sign below:

Practitioner Name

Institution/Practice

Address

City

State

Zip Code

Telephone No.

Email Address

Please describe the nature of your HCP's request below:

Vericel Employee Signature

Date

*Signature verifies that this request for information was unsolicited.
Distributed materials might be reported under Sunshine Act.*

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