NOVARTIS

EMAIL

PASSWORD

LOGIN

HELLO **JOHN** | **LOGOUT**

NOVARTIS

PLEASE SCAN YOUR BADGE

Scan Badge

Manual Entry

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EDIT CONTACT INFORMATION IF NECESSARY. SELECT NEXT.

First Name: *

Last Name: *

Title: *

Company:

City: *

Country: *

Select a country

State: *

Zip: *

Phone:

Fax:

Email:

Other:

Degree: *

Specialty:

Handling Method: *

* = Required Field

Next

HELLO **JOHN** | **LOGOUT**

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Medical Information Follow up Action

○ US Medical Affairs ○ International Medical Affairs

Product: *

Sec. Product:

Inquiry *

Notes

Previous Submit

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THANK YOU!