

FOLLOW-UP REQUEST

PLEASE PROVIDE THE FOLLOWING DETAILS SHOULD YOU
WISH TO RECEIVE MORE INFORMATION FROM SANOFI GENZYME.

First name: _____ Last name: _____

Title: _____ Specialty: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Yes, I would like to receive information by email.

I would like to receive more information about: _____

Send your completed form to **Type2@sanofi.com** and we will get back to you.



TYPE 2 ASTHMA

EOS

IL-4

IL-13

IgE

IL-5