

## Submit medical enquiry

Complete the form below to submit your medical enquiry. Our Medical Information team will respond to your request as soon as possible. This request form is intended for healthcare professionals (HCPs) and replies will be managed according to the specific rules of engagement with HCPs applicable in the country of origin of the requestor. If your question is urgent please contact the Novartis office in your country directly.

Please note that this form is not to be used to report adverse events. Please report adverse events to <https://www.report.novartis.com>.

The fields marked with an asterisk (\*) are mandatory.

First Name

Last Name

Email

Phone

Phone

Address

City

Country

Location

Product

Medical Enquiry

I acknowledge that my personal information will be handled in accordance with the [Novartis Privacy Notice for Pharmacovigilance, Medical Information, and Product](#)

[Quality Complaints](#) and agree to it being used to respond to my enquiry

By clicking submit, you agree to our [Privacy Policy](#) and [Terms of Use Policy](#).

CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

**Source URL:** <https://www.novartis.com/healthcare-professionals/novartis-medical-information/submit-medical-enquiry>

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