Rare TOGETHER SUPPORT PROGRAM

# HEMOPHILIA B ENROLMENT FORM

ALPROLIX® Coagulation Factor IX (Recombinant), Fc Fusion Protein

**Email:** ALPROLIX@bayshore.ca | **Fax:** 1-866-417-1945 | **Telephone:** 1-833-752-1571

## 1 Patient Information

Last name: _____
First name: _____
Date (DD-MM-YYYY): _____ Health card #: _____
Date of birth (DD-MM-YYYY): _____ Sex: M ○ F ○
Weight (kg): _____
Home address: _____
Unit #: _____ City: _____
Province: _____ Postal code: _____
Email address: _____
Cell #: _____ Alternate #: _____
Best time to contact the patient/parent/legal guardian:
○ Morning ○ Afternoon ○ Evening ○ Other: _____
Consent to leave a message (required field): ○ Yes ○ No
Consent to speak to a parent/legal guardian: ○ Yes ○ No
Name: _____
Contact # if differs from patient's: _____
Preferred location for injection training:
○ Online ○ Home ○ Pharmaprix Centre of Excellence

## 2 Patient/Legal Guardian Consent

By signing below, I wish to participate in the Program as described and informed by my treating physician and I have read and fully understand the Privacy Notice and Patient/Legal Guardian Consent terms on the reverse of this form. If I sign with an electronic signature, I agree that it will have the same force and effect as my "wet ink" signature.

○ Verbal consent obtained for the Rare Together Support Program from the patient identified above.
○ Verbal consent obtained to allow the program to contact pharmacy.

Name: _____
Date (DD-MM-YYYY): _____

Patient signature:

_____

Parent/legal guardian signature if the patient is under 18:

_____

## 3 Prescribing Physician Information

Last name: _____
First name: _____
Address: _____
City: _____
Province: _____ Postal code: _____
Phone: _____
Ext: _____ Fax: _____
Nurse or alternate contact: _____
Phone: _____
Email: _____

I acknowledge that I am fully responsible for my patient's care while they are receiving the prescribed medication(s).

By providing the information above, I acknowledge that I have read and understand the information provided in the Privacy Notice and Physician Consent and consent to the collection, use and disclosure of my personal information as detailed in said notice.

## 4 Other Important Information

Can be attached or faxed separately.

## 5 Medical Information

Diagnosis: ○ Hemophilia B
Anticipated date patient will start treatment with ALPROLIX®: _____
**ALLERGIES:** Yes ○ No ○ If yes, please provide details:

_____
_____

Other medical conditions: _____
_____
Current medications: _____
Other pertinent information: _____

Please refer to the ALPROLIX® Product Monograph for full prescribing information.

## 6 Medical Order

Only patients prescribed ALPROLIX® for a Health Canada–approved indication will be eligible to enrol in the Rare Together Support Program.

ALPROLIX® (Coagulation Factor IX [Recombinant], Fc Fusion Protein) was prescribed for hemophilia B for a pediatric or adult patient: Yes ○ No ○

Prophylactic Dose (IU): _____ Frequency: _____ Number of doses: _____
On-Demand Dose (IU): _____ Frequency: _____ Number of doses: _____

**CVAD FLUSH ORDERS**

Flush CVAD PRIOR to infusion with: _____ Name of solution and mL: _____
Flush CVAD POST infusion with: _____ Name of solution and mL: _____
Other: _____
Special Instructions: _____

Infusion services and/or infusion training will be provided. This form is to serve as a medical order for infusion services and/or infusion training; this is not a prescription.

I confirm that this patient qualifies for treatment of ALPROLIX®, in accordance with the Product Monograph and any contraindications, warnings, and precautions described therein.
If I sign with an electronic signature, I agree that it will have the same force and effect as my "wet ink" signature.

Phyician signature | License # | Date (DD-MM-YYYY)

Sign here

_____

## 7 Patient Services Requested of the Rare Together Support Program

○ Home nurse self-administration training services
○ Additional ancillaries requested
Please specify (provided based on availability): _____

**COMPLETE THIS FORM IN ITS ENTIRETY AND FAX TO 1-866-417-1945.**

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## Privacy Notice and Physician Consent

Your personal information in the "Prescribing Physician Information" section is collected to allow the Rare Together Support Program to process your registration and your patients' registration in the Program and meet its Purposes. Other than the Program's administrator, your personal information may be provided to Sanofi Canada for compiling statistical data on the Program.

If you provide information relating to one of your patients about an adverse experience with a Sanofi Canada product, the Program may use the information you provided to submit reports to Health Canada and/or other relevant regulators. The Program may be required to contact you for further information. You understand that in order to comply with the law, the Program may not be permitted to meet your request to amend or remove your personal information. The process of adverse experiences may include and/or be managed by Sanofi Canada, its affiliates, or third-party service providers retained specifically for this sole purpose. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties. The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of practice that may not have equivalent laws and rules regarding personal information. If you have any questions, comments or concerns about the privacy practices please contact the Rare Together Support Program at 1-833-752-1571 or at ALPROLIX@bayshore.ca.

Sanofi Canada reserves the right at any time and without prior notice to modify the Program, including its eligibility criteria, or to discontinue the Program.

This authorization form is valid for as long as your patient receives services from the Program.

## Privacy Notice and Patient/Legal Guardian Consent

The Rare Together Support Program ("the Program") is sponsored by sanofi-aventis Canada Inc. ("Sanofi Canada") and managed by a third-party supplier ("3rd Party Supplier"). The program aims to provide treatment support for patients requiring ALPROLIX® (Coagulation Factor IX [Recombinant], Fc Fusion Protein). In order to provide such support, your personal information will be collected.

Generally stated, by personal information we mean any information about you such as your name, address, telephone number, or health information ("Personal Information"). Except for Sanofi Canada's legal requirements and duties detailed below, it will not have access to any of your Personal Information, but for aggregated and unidentifiable information.

By accepting to participate in the Program, you accept to provide the 3rd Party Supplier and your health care professional with your Personal Information. This information will be collected in the Program's documentation and database. It will be used to enable registration in the Program and to meet its objectives. In relation to the Program's objectives, your Personal Information may be disclosed to:

- your health care professional for purposes of registration in the Program and related treatment;
- health care professionals for purposes related to your treatment;
- third-party agencies to conduct ongoing administration, reporting, monitoring and evaluation requirements of the Program and to support any Rare Together Support Program patient mobile applications

(collectively the "Purposes").

The file containing your Personal Information will be made available to the authorized employees, contractors or agents of the 3rd Party Supplier who need to access the information in connection with the Purposes. It is not authorized to collect, use or disclose the Personal Information except as necessary to perform services in relation to the Program's Purposes as described herein, or to comply with legal requirements. The Personal Information will be held primarily in a secure electronic database.

Your Personal Information will be shared with Sanofi Canada via reports describing the Program data and results but only in an aggregated and anonymous manner. More specifically, the statistical data related to the Program, including any patient mobile applications, will be rendered in an aggregated and anonymous manner and shared with Sanofi Canada, health care practitioners, and other third parties, as the case may be. Sanofi Canada may distribute and/or publish such statistical data in any manner whatsoever.

Sanofi Canada reserves the right to transfer any Personal Information related to the Program in connection with the sale or transfer of all or a portion of its business or assets or rights relating thereto. Should such a sale or transfer occur, it will request that the transferee use and disclose Personal Information you have provided through this Program in a manner that is consistent with the Purposes disclosed herein.

You consent to be contacted by the Program via phone, text or email and to the transfer of Personal Information by phone, fax or email between the Program, your insurer, and your health care provider(s) for the purpose of determining your eligibility for the Program and the delivery of Program services. Email and text may be used during your participation in the Program to inform you about your status in the Program and Program services, to provide notifications and reminders, and to collect your insights on the Program. You acknowledge that neither email nor text are secure methods of communication. Information in emails and texts has the potential to be accessed and read by a third party. Electronic communication is at your option and you may withdraw this option to communicate electronically at any time.

If you provide information about an adverse experience while using any of Sanofi Canada's products, the Program may use the information you provided to submit reports to Health Canada and/or other relevant regulators. The Program may be required to contact you and/or your health care professional for further information. You understand that in order to comply with the law, the Program may not be permitted to meet your request to amend or remove Personal Information you provided regarding an adverse experience while using any of Sanofi Canada's products. The process of adverse experiences may include and/or be managed by Sanofi Canada, its affiliates, or third-party service providers retained specifically for this sole purpose. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties.

The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence that may not have equivalent laws and rules regarding Personal Information. The reasonable contractual measures Sanofi Canada may take to protect Personal Information while processed or handled by these third parties are subject to applicable foreign legal requirements. The 3rd Party Supplier will only retain Personal Information as long as needed to fulfill the Purposes.

You have certain rights to access and rectify your Personal Information contained in the file held about you and in order to exercise this right, or if you have any questions, comments or concerns, you may use the contact information provided below. To the extent there is additional protection afforded to you pursuant to any applicable privacy legislation, and same is not set forth herein, Sanofi Canada agrees to take such measures to give full effect to such additional protection.

If you have any questions, comments or concerns about the privacy practices or want to have access to and have your Personal Information corrected, please contact the Rare Together Support Program at 1-833-752-1571 or at ALPROLIX@bayshore.ca.

This is a completely voluntary program and you may cancel your participation at any time and without reason by contacting the Rare Together Support Program. Once you cancel your participation, your Personal Information will no longer be used; however, any Personal Information already provided at the time of your cancellation may be used in an aggregated and anonymous fashion for the Purposes of the Program.

Sanofi Canada reserves the right at any time and without prior notice to modify the Program, including its eligibility criteria, or to discontinue the Program.

This authorization form is valid for as long as you receive services from the Program.

**COMPLETE THIS FORM IN ITS ENTIRETY AND FAX TO 1-866-417-1945.**

**Reference: 1.** ALPROLIX® Product Monograph. sanofi-aventis Canada Inc. November 5, 2021.

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