Patient Follow-Up Survey for Alosetron Hydrochloride Tablets

Pre-Enrollment Form

What is the purpose of the Survey?
The Follow-Up Survey for the Alosetron REMS Program will help the supplier of alosetron hydrochloride learn more about alosetron. Everyone who takes alosetron is invited to voluntarily sign up. If you sign up you will get questions in the mail or by email about how you are doing on alosetron. You do not have to sign up if you do not wish to, but signing up will help us learn more about alosetron. The Survey is being done by the generic supplier of alosetron hydrochloride. The Survey results will be shared with the US Food and Drug Administration (FDA) to help all patients; however, your identity and individual responses will be kept confidential.

How will the Survey work?
By sending in this Pre-Enrollment Form, you agree to participate in the Survey and be contacted by mail, email, and/or phone. Detailed information about the Survey, including the consent form and initial Survey questions, will be sent to you after you agree to sign up. You will receive a small payment for your time.

Will my information be confidential?
The information that you provide on this Pre-Enrollment Form will be kept confidential by the generic supplier of alosetron.

How do I enroll in the Follow-Up Survey for the Alosetron REMS Program?
Please complete the Pre-Enrollment Form now and mail or fax it to the Alosetron REMS Program using the information provided on the bottom of the form. You need to send in the Pre-Enrollment Form only once. Once received by the Alosetron REMS Program, a program contact center representative will mail or email you the program materials. The timing of this contact may not be immediate, as it is based upon our survey response requirements from the FDA. If you get more Pre-Enrollment forms from your healthcare provider and have already enrolled, please discard them.

What if I still have more questions?
If you have any questions about enrolling in the Survey, please call the Alosetron REMS Program at 1-844-267-8675.

Pre-Enrollment Contact Information

I agree to be contacted by mail, email, and/or phone about participating in the Patient Follow-Up Survey for the Alosetron REMS Program.
(Please print)

Name_________________________________________________________________
First            Middle Initial           Last

E-mail______________________________________________________________

Address_____________________________________________________________

City_______________________________ State__________ Zip___________

Telephone Number (with area code) _____________________________________

Date of Birth _____________________Female/Male
Month/Day/Year       (Circle One)

Your Signature _________________________________ Date _____________________

Are you currently under 18 years of age? Yes    No
(If yes, your parent or guardian must sign this form below.)

Parent/Guardian Signature _________________________________ Date _____________