For Prescribers to Complete

LEMTRADA® alemtuzumab 12mg IV

LEMTRADA REMS PATIENT STATUS FORM

Please fax this completed form to the LEMTRADA REMS Program at 1-855-557-2478 or submit online at www.LemtradaREMS.com

This form must be completed every 6 months for each LEMTRADA® (alemtuzumab) patient under your care. Please complete this form 6 months after your patient's first infusion with LEMTRADA, and every 6 months thereafter, until 48 months after the patient's last infusion.

*Indicates a mandatory field.

PRESCRIBER INFORMATION (PLEASE PRINT)

Name (Last, First)* | Office Phone Number*

Address*

City* | State* | ZIP Code*

PATIENT INFORMATION (PLEASE PRINT)

Name (Last, First)*

Patient LEMTRADA REMS Program Identification Number*

Date of Birth (MM/DD/YYYY)* | Date of Last LEMTRADA Infusion (MM/DD/YYYY)*

Is the above-named patient still under your care?* (Check one) ☐ **Yes** ☐ **No**

IF NO, please indicate the name of the healthcare provider now responsible for this patient's care

Healthcare Provider Name

Healthcare Provider Phone Number

Patient's Current Healthcare Provider Is Unknown ☐

IF YES, please complete the following information

The patient has completed the periodic monitoring within the last 6 months. ☐ Yes ☐ No

Since submitting the last LEMTRADA REMS Patient Status Form, has the patient been diagnosed with any of the following?

a. Autoimmune conditions ☐ Yes ☐ No

b. Infusion reactions ☐ Yes ☐ No

c. Malignancies ☐ Yes ☐ No

☐ This adverse event has already been reported to Genzyme (specify date of report):

Report all adverse events to Genzyme Medical Information at 1-800-745-4447 (option 2) or the FDA at 1-800-FDA-1088 (1-800-332-1088) or www.FDA.gov/medwatch

In signing this form, I acknowledge that I have reviewed *What You Need to Know About LEMTRADA Treatment: A Patient Guide* with this patient and counseled the patient about the serious risks associated with the use of LEMTRADA, and how to mitigate these risks through periodic monitoring.

PRESCRIBER'S SIGNATURE

Prescriber Signature* | Date*

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If you have any questions regarding the LEMTRADA REMS Program, call 1-855-676-6326

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