Patient Follow-Up Survey for LOTRONEX®/alosetron hydrochloride
Pre-Enrollment Form

What is the purpose of the Survey?
The Follow-Up Survey for Lotronex/alosetron hydrochloride will help us learn more about Lotronex/alosetron hydrochloride. Everyone who takes Lotronex/alosetron hydrochloride is invited to voluntarily sign up. If you sign up you will get questions in the mail about how you are doing on Lotronex/alosetron hydrochloride. You do not have to sign up if you do not wish to, but signing up will help us learn more about Lotronex/alosetron hydrochloride. The Survey is being done by Prometheus Laboratories Inc., the makers of Lotronex/alosetron hydrochloride, located in San Diego, California. 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 and 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 Prometheus.

How do I enroll in the Follow-Up Survey for Lotronex/alosetron hydrochloride?
Please complete the Pre-Enrollment Form now, seal it, and mail it in the postage paid envelope today. You need to send in the Pre-Enrollment Form only once. Once received by the Lotronex/alosetron hydrochloride Survey Center, a Coordinating Center Associate will mail you the program materials. If you get more Pre-Enrollment Forms with your new prescriptions 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 Lotronex/alosetron hydrochloride Survey Center toll free at 1-800-349-7419.

Pre-Enrollment Contact Information

I agree to be contacted by mail and phone about participating in the Patient Follow-Up Survey for LOTRONEX/alosetron hydrochloride.

(Please print)
Name ____________________________________________

First Middle Initial Last

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 ______________

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