This TYSABRI Patient Discontinuation Questionnaire is necessary to fulfill the tracking requirements of the TOUCH Prescribing Program for all patients treated with TYSABRI. You may also be contacted for additional information in response to answers provided on this form.

Submit the completed TYSABRI Patient Discontinuation Questionnaire to Biogen Idec via TOUCH On-Line (www.touchprogram.com) OR fax (1-800-840-1278) and place one copy in the patient's record. This form is mandatory for all discontinued patients.

A. Is the patient still under <MD name>'s care?
   - Yes
   - No/I don't know
   If No, please provide name and phone number for new prescriber, if available ______________________________

B. Is the patient alive?
   - Yes
   - No

Since starting TYSABRI therapy has the patient been diagnosed with any of the following that you have not reported to Biogen Idec:

C. PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML)
   - Yes
   - No
   - Under investigation

D. OPPORTUNISTIC INFECTION* for which they have been hospitalized
   - Yes
   - No
   - Under investigation

E. MALIGNANCY
   - Yes
   - No
   - Under investigation

F. Since <last authorization>, has the patient been tested for the presence of anti-JCV antibodies?
   - Yes
   - Not performed
   If performed, test result:
     - Positive
     - Negative
     - Pending

Prescriber signature: ___________________________ Date (MM/DD/YYYY): _______/_______/_______

(If applicable) Print TOUCH Authorized Prescriber Delegate Name: __________________________

Please Note: A TOUCH authorized physician may complete this form on behalf of the Prescriber of record. This questionnaire will be used consistent with the TOUCH Prescriber/Patient Enrollment Form signed by you and your patient and with HIPAA and applicable privacy rules.

If you have questions, or if you need additional information, please call 1-800-456-2255 from 8:30 AM to 8:00 PM (ET).

Please see full Prescribing Information, including Boxed Warning, at www.TYSABRI.com

*OPPORTUNISTIC INFECTION is defined as an infection due to an organism that generally does not cause disease, or causes only mild or self-limited disease in people with normally functioning immune systems, but causes more significant disease in people with impaired immunity. These infections are frequently severe, prolonged, or disseminated. Examples include esophageal candidiasis, systemic fungal infections, pneumocystis carinii pneumonia, mycobacterial infections (including pulmonary and extrapulmonary tuberculosis), chronic intestinal cryptosporidiosis, and disseminated viral infections (such as disseminated herpes or cytomegalovirus infections).