

Infusion Site Enrollment Form

The TOUCH® Prescribing Program was developed as part of the Biogen commitment to patient safety. Only authorized infusion sites may receive shipments of and infuse TYSABRI. An infusion site may become authorized only after it has taken part in compulsory training conducted by Biogen and faxed a completed Enrollment Form to Biogen. Upon receipt of this Enrollment Form, Biogen will fax and mail an authorization confirmation letter to provide your Site Authorization Number and confirm your Shipping Address.

Infusion Site Address (address where patient is infused)

Name of Infusion Site _____			Contact name _____		
Address1 _____			Telephone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address2 _____			Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City _____	State _____	ZIP _____			

Method of acquiring TYSABRI

1 Infusion site will acquire TYSABRI directly. If YES, check all that apply: Buy/Bill Assignment of Benefits/Specialty Pharmacy

OR

2 Infusion site will acquire through a certified pharmacy.*

*A certified pharmacy is located within a hospital, group practice, or infusion site and is associated with an infusion site. Retail pharmacies and wholesalers are excluded from holding inventory and dispensing TYSABRI.

Shipping Address (address to which drug will be shipped)

Check here if address is same as above. Please note that this is the ONLY address to which TYSABRI will be shipped.

Name of Infusion Site or Certified Pharmacy _____			Contact name _____		
Address 1 _____			Telephone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address 2 _____			Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City _____	State _____	ZIP _____			

Infusion Site Acknowledgment

- The infusion site has received training and educational materials on the TOUCH Prescribing Program for use in the following indication(s): MS CD (check all that apply)
- I understand that TYSABRI will be administered only to patients who are currently authorized in the TOUCH Prescribing Program. Patient authorization must be confirmed *prior to each infusion* by:
 - For TOUCH On-Line infusion sites: Patient Authorization Status must be "Authorized" or
 - For paper-based infusion sites: Receipt of current Notice of Patient Authorization and verification that no Notice of Patient Discontinuation is on file
- I understand that each patient will receive a copy of the TYSABRI Patient Medication Guide *prior to each infusion*
- I understand that a TYSABRI Pre-infusion Patient Checklist must be completed *prior to each infusion*. The Pre-infusion Patient Checklist must be submitted to Biogen within 1 business day of the patient visit regardless of whether or not the patient received the infusion by:
 - For paper-based infusion sites: sending a copy of the completed Pre-infusion Patient Checklist to Biogen. A copy must also be placed in the patient's medical record
 - For TOUCH On-Line infusion sites: the infusion nurse can read, complete and submit the Pre-Infusion Patient Checklist directly in TOUCH On-Line
- I understand that, per the requirements of the TOUCH Prescribing Program, this infusion site's compliance may be reviewed by the Food and Drug Administration (FDA), and/or audited by Biogen and/or a third party designated by Biogen
- I understand that noncompliance with the requirements of the TOUCH Prescribing Program will result in de-enrollment of the infusion site and termination of the authorization to infuse TYSABRI.

Responsible party acknowledgment: _____ Date: _____

Name: _____ Title: _____

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

