

ENROLMENT FORM

■ New enrolment Renewal

Enrol in Enliven®







Patient Information Clear First name Consent ☐ By checking this box, I accept that representatives of McKesson Canada Corporation ("McKesson") and Bayshore Specialty Rx. Ltd. ("Bayshore"), acting on behalf of Amgen Canada Inc., may communicate with me via electronic means such as email and Last name Female Male Date of birth/...../..... (dd/mm/yyyy) text message, for the purposes of providing me with information and updates relating to the Enliven Patient Support Program (the Do you have health insurance coverage? ☐ Private ☐ Public ☐ Both "Program"), including promotional materials, surveys and newsletters. I understand that communicating via electronic means may not be the most secure means of communication and as such, McKesson **Contact Information** and/or Bayshore will not include sensitive health information in any electronic means of communication with me. Such electronic means of communications may, however, identify me as an individual registered Preferred phone Alternate phone with the Program. At any time, I will have the opportunity to opt-out Preferred time to call Morning Afternoon Evening from such electronic communications by contacting by phone at 1-877-936-2735 or via email at avsola@oneenliven.ca. Preferred language I HAVE READ, UNDERSTAND AND AGREE TO THE CONSENT TERMS ON THE REVERSE OF THIS FORM. Patient signature City Province Postal code (dd/mm/yyyy) Physician Information Clear Physician name Other information/office stamp Site # (if applicable)

Fax			
cian Section			Clear
Frequency/Duration Induction (weeks) 0 2 6 AND/OR Maintenance Every	Diphenhydramine Acetaminophen Hydrocortisone Dimenhydrinate Cetirizine Methylprednisolon Other TB test Not required Positive result Negative result Results pending Provincial formulary I authorize McKesson to be above, by fax or other mod the pharmacy chosen by the represents the original of the only intended recipient and invalidated and securely file	mg PO or II 15-30 min prior to inf	viusion (max 50 mg) In prior to infusion In patient to start In AVSOLA* In In mediately In Pending test results In prescription indicated a specialty pharmacy or to my behalf. This prescription he chosen pharmacy is the ginal prescription has been ted elsewhere at another time.
	red information Frequency/Duration Induction (weeks) 0 2 6 AND/OR Maintenance Every	Frequency/Duration Induction (weeks) 0 2 6 AND/OR Maintenance Every	red information Frequency/Duration Induction (weeks) □ 0 □ 2 □ 6 AND/OR Maintenance Every or 52 weeks □ 2 hr infusion Infuse AVSOLA* over no less than 2 hours. □ 1 hr infusion RA patients who have tolerated three initial 2-hour infusions of AVSOLA* without any type of infusion reaction may receive subsequent infusions at the same dose over a period of not less than 1 hour. For infusion reaction management, For infusion reaction management, For infusion reaction management, For infusion reaction management,

(dd/mm/yyyy)

SC=subcutaneous; TB=tuberculosis

Consent

By signing this form, I acknowledge that I have read and understand the information below and consent to the collection, use and disclosure of my personal information, including personal health information, by McKesson, Bayshore, Amgen and their authorized agents and service providers as explained. Furthermore, I acknowledge that the dispensing and delivery of my medication will be performed by a specialty pharmacy chosen by the En*liven* Program unless I specify otherwise. I understand that I have the option to choose another pharmacy to dispense and deliver my medication. I further consent to being contacted from time to time by McKesson, Bayshore, Amgen or their authorized agents for the above-noted purposes.

The Enliven Program ("Program") is sponsored by Amgen Canada Inc. ("Amgen") and administered by McKesson, a third party service provider, on behalf of Amgen. Certain aspects of the Program are provided by Bayshore (e.g., administering, training or assisting in therapy). Other service providers may be appointed by Amgen to administer the Program from time to time. The personal information that you and/or your healthcare providers (including your doctor and pharmacy), insurers or payers provide to the Program, including your name, contact information, and prescription information, will be used to manage and administer the Program or provide Program services to you, including reimbursement assistance and administering, training or assisting in therapy (e.g., self-injection training), medication delivery, and provision of information about the Program to you.

Amgen has a legal obligation to report adverse drug events to various local and international health authorities and to monitor product complaints. Personal information provided to the Program may be (i) monitored by Amgen or its service providers for safety-related data and product complaints in order to ensure compliance with these legal reporting requirements, and (ii) reported to local or international health authorities. Amgen may contact you or your physician for additional information to fulfill its reporting obligations. Your personal information may be combined with the information of others who participate in the Program in order to generate aggregated data that does not contain identifying information ("Aggregated Data"). Aggregated Data may be used by Amgen and its service providers to improve and/or refine the Program to design and implement other patient programs and for research purposes including health economic studies and analysis, the identification of trends such as product utilization, adherence or outcomes (including treatment outcomes).

For these sole purposes, McKesson and Bayshore may on a confidential basis, collect your personal information and share it with your healthcare providers, insurers and/or other payers, Amgen and/or Amgen's agents and service providers (e.g., information technology providers). If, from time to time, another service provider is appointed by Amgen to administer the Program or provide Program services, your personal information will be transferred to this service provider to ensure the continuity of the Program services to you. Please note that Amgen and its service providers may store or process your personal information outside of Canada (including in the United States), where local laws may require the disclosure of personal information to governmental authorities under circumstances that are different than those that apply in Canada. In addition, your personal information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations (collectively, "Applicable Laws").

Your personal information will be retained only for as long as is needed to fulfill the purposes for which it was collected and in order to comply with Applicable Laws. Industry standard safeguards will be used to protect the security of the personal information that is collected. You may contact the Program's Privacy Officer at any time to update or access your personal information, modify or withdraw your consent (in part or in full), express a privacy-related concern, or inquire about the privacy practices of the Program (including those related to foreign information processing). The Privacy Officer can be reached at privacycanada@amgen.com or Amgen Canada Inc., Attn: Chief Privacy Officer, 6775 Financial Drive, Suite 100, Mississauga, ON, L5N 0A4. Please note that if you modify or withdraw your consent, your ability to receive the Program services may be limited.

This document may contain private and confidential information and is intended only for the person(s) named on the reverse. If you are not a named addressee, you should not disseminate, distribute or copy this document. If you have received this document by mistake, please notify the sender immediately and then destroy this document. We thank you for your cooperation and assistance.

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