



RHEUMATOID ARTHRITIS PATIENT ENROLMENT FORM

PHONE: 1-888-972-6634
FAX: 1-888-999-1290

For more information
please contact:
info@mobilizeRA.ca

Please complete this form in its entirety and fax to 1-888-999-1290. All information will be kept confidential and will not be released to unauthorized parties without your consent.

1. PATIENT INFORMATION

Last name:	
First name:	
DOB: (dd/mm/yyyy) / /	Male Female
Home #:	Mobile #:
Work #:	Email:
Consent to leave a message on the following numbers: (Required field) Home Mobile Work Alternate #:	
Address:	
City:	
Province:	Postal code:

2. PATIENT CONSENT

I confirm that the information I have provided in this application is complete and accurate. I understand that Sanofi Genzyme, a division of sanofi-aventis Canada Inc. reserves the right at any time and without notice to modify the Mobilize Program ("the Program") including its eligibility criteria and any other aspects of the Program or to discontinue the Program and terminate assistance. The Program is administered by the 3rd Party Supplier, a third party provider of client-focused services and patient support programs. I authorize the 3rd Party Supplier and its agents to obtain medical and personal information ("Information") from my prescribing physician, pharmacist, nurse, insurer, government agency, or other sources ("Parties") to the extent necessary to ensure the accuracy and completeness of this application. I authorize the 3rd Party Supplier to share the Information with the Parties to the extent necessary to provide coordination of services and ensure patient safety under this Program.

By signing below, I wish to participate in the Program as described and informed by my treating physician, and I have read and fully understand the Patient Privacy Notice and Consent terms on the reverse of this form.

Consent to speak to another family member or representative.

Name: _____

Contact #: _____

Patient signature: _____

Date: (dd/mm/yyyy) / /

SIGN HERE

3. PRESCRIBING PHYSICIAN INFORMATION

Last name:	First name:
Phone:	Fax:
Address:	City:
Province:	Postal code:

4. MEDICAL INFORMATION

Is the patient medically cleared to start treatment?	Yes	No
Does the patient require self-injection training?	Yes	No
Have you provided self-injection training in your office?	Yes	No

5. OTHER IMPORTANT INFORMATION / INSTRUCTIONS

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6. PRESCRIPTION

Patient name:	
Patient health card #:	
KEVZARA® (sarilumab)	
200mg SC q 2 weeks (recommended)	150mg SC q 2 weeks (dose reduction required)
Prefilled pen (auto-injector)	Prefilled syringe
M:	Repeat:
I authorize Mobilize to be my designated agent to forward this prescription by fax or other mode of delivery to the pharmacy chosen by the above-named patient. This prescription represents the original prescription drug order for the patient. Any prior KEVZARA® prescription for this patient is being cancelled and has been securely filed and will not be transmitted.	
I confirm that this patient qualifies for treatment of KEVZARA® Injection, in accordance with the Product Monograph and any contraindications, warnings, and precautions described therein.	
Physician signature:	SIGN HERE
License #:	Date: (dd/mm/yyyy) / /





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PRIVACY NOTICE AND PATIENT CONSENT

The Mobilize Program ("the Program") is a Sanofi Genzyme, a division of sanofi-aventis Canada Inc., program with the objective of providing reimbursement navigation and treatment support for patients requiring KEVZARA® (sarilumab).

At Sanofi Genzyme, a division of sanofi-aventis Canada Inc. we are committed to respecting your privacy rights. It's important for you to understand how the information you share as part of this Program will be used.

Generally stated, by Personal Information we mean any information about an identifiable natural person including but not limited to your name, address, telephone number ("Personal Information"). In compliance with applicable laws and regulations, Sanofi Genzyme, a division of sanofi-aventis Canada Inc. has mandated a third party supplier ("the 3rd Party Supplier") to manage the collection and processing of the Program's Personal Information. Except for Sanofi Genzyme, a division of sanofi-aventis Canada Inc.'s legal requirements and duties detailed herein, Sanofi Genzyme, a division of sanofi-aventis Canada Inc. will not have access to any of your Personal Information, but for aggregated and unidentifiable information.

By accepting to participate in the Program, you accept to provide the 3rd Party Supplier and your health care professional with your Personal Information (such as your name, address, phone number, sex and information related to your health). This information will be collected in the Program's documentation and database; it will be used to enable registration in the Program and to meet its objectives. In relation to the Program's objectives, your Personal Information may be disclosed to:

- your health care professional for purposes of registration in the Program and related treatment,
- insurance providers and government agencies for the purpose of processing reimbursement requests,
- and health care professionals for purposes related to your treatment (the "Purposes").

The file containing your Personal Information will be made available to the authorized employees, contractors or agents of the 3rd Party Supplier who need to access the information in connection with the Purposes. We have contractually ensured that the 3rd Party Supplier provides a high level of Personal Information protection and is responsible for the security of the Personal Information. It is not authorized to collect, use or disclose the Personal Information except as necessary to perform services in relation to the Program's Purposes as described herein, or to comply with legal requirements. The Personal Information will be held primarily in a secure electronic database.

Your Personal Information will be shared with Sanofi Genzyme, a division of sanofi-aventis Canada Inc. in the following manner: Sanofi Genzyme, a division of sanofi-aventis Canada Inc. will receive reports from the 3rd Party Supplier describing the Program data and results only in an aggregated and anonymous manner. No Personal Information will be shared, disclosed or transferred to Sanofi Genzyme, a division of sanofi-aventis Canada Inc. More specifically, the statistical data related to the Program will be rendered in an aggregated and anonymous manner and shared with Sanofi Genzyme, a division of sanofi-aventis Canada Inc., health care practitioners and other third parties, as the case may be. Sanofi Genzyme may distribute and/or publish such statistical data in any manner whatsoever.

Sanofi Genzyme, a division of sanofi-aventis Canada Inc. reserves the right to transfer any Personal Information related to the Program in connection with the sale or transfer of all or a portion of its business or assets or rights relating thereto. Should such a sale or transfer occur, we will request that the transferee use and disclose Personal Information you have provided through this Program in a manner that is consistent with the Purposes disclosed herein.

If you provide information about an adverse experience while using any of Sanofi Genzyme, a division of sanofi-aventis Canada Inc.'s products, we may use the information you provided to submit reports to Health Canada and/or other relevant regulators. We may be required to contact you and/or your health care professional for further information. You understand that in order to comply with the law, we may not be permitted to meet your request to amend or remove Personal Information you provided to us or a third party regarding an adverse experience while using any of Sanofi Genzyme, a division of sanofi-aventis Canada Inc.'s products. The process of adverse experiences may include and/or be managed by Sanofi Genzyme's affiliates or third party service providers retained specifically for this sole purpose. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties.

The collection, use, and disclosure of information contemplated herein may involve a transfer of the information to jurisdictions located outside your country of residence that may not have equivalent laws and rules regarding Personal Information. The reasonable contractual measures we may take to protect Personal Information while processed or handled by these third parties are subject to applicable foreign legal requirements, for example, lawful requirements to disclose Personal Information to government authorities in those countries. The 3rd Party Supplier will only retain Personal Information as long as needed to fulfill the Purposes.

You have certain rights to access and rectify your Personal Information contained in the file held about you and in order to exercise this right, or if you have any questions, comments or concerns, you may use the contact information provided below. If the Personal Information collected is incorrect, inaccurate or outdated, the 3rd Party Supplier will correct such information within a reasonable period of time. Sanofi Genzyme, a division of sanofi-aventis Canada Inc. hereby agrees to respect and observe the provisions set forth in the applicable federal or provincial privacy legislation. To the extent there is additional protection afforded to you pursuant to any applicable privacy legislation, and same is not set forth herein, Sanofi Genzyme, a division of sanofi-aventis Canada Inc. agrees to take such measures to give full effect to such additional protection.

If you have any questions, comments or concerns about our privacy practices or want to have access to and have your Personal Information corrected, please contact Mobilize at 1-888-972-6634 or by email at info@mobilizeRA.ca.

This is a completely voluntary program and you may cancel your participation at any time and without reason by contacting Mobilize. Once you cancel your participation, your Personal Information will no longer be used, however, any Personal Information already provided at the time of your cancellation may be used in an aggregated and anonymous fashion for the Purposes of the Program.

Sanofi Genzyme, a division of sanofi-aventis Canada Inc. reserves the right at any time and without prior notice to modify the Program, including its eligibility criteria, or to discontinue the Program.

This authorization form is valid for as long as I receive services from the Program.

Read and accepted on: (dd/mm/yyyy) / /

Patient signature (or legal representative):

SIGN HERE

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