



LEMTRADA REMS PATIENT STATUS FORM

Please fax this completed form to the LEMTRADA REMS Program at 1-855-557-2478 or submit online at www.LemtradaREMS.com

This form must be completed every 6 months for each LEMTRADA® (alemtuzumab) patient under your care. Please complete this form 6 months after your patient's first infusion with LEMTRADA, and every 6 months thereafter, until 48 months after the patient's last infusion.

*Indicates a mandatory field.

PRESCRIBER INFORMATION (PLEASE PRINT)

Name (Last, First)*	Office Phone Number*	
Address*		
City*	State*	ZIP Code*

PATIENT INFORMATION (PLEASE PRINT)

Name (Last, First)*	
Patient LEMTRADA REMS Program Identification Number*	
Date of Birth (MM/DD/YYYY)*	Date of Last LEMTRADA Infusion (MM/DD/YYYY)*

IS THE ABOVE-NAMED PATIENT STILL UNDER YOUR CARE?*

(Check one) Yes No

IF NO, PLEASE INDICATE THE NAME OF THE HEALTHCARE PROVIDER NOW RESPONSIBLE FOR THIS PATIENT'S CARE

Healthcare Provider Name
Healthcare Provider Phone Number
Patient's Current Healthcare Provider Is Unknown <input type="checkbox"/>

IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION

The patient has completed the periodic monitoring within the last 6 months. Yes No

Since submitting the last LEMTRADA REMS Patient Status Form, has the patient been diagnosed with any of the following?

a. Autoimmune conditions Yes No

b. Infusion reactions Yes No

c. Malignancies Yes No

This adverse event has already been reported to Genzyme (specify date of report):

Report all adverse events to Genzyme Medical Information at 1-800-745-4447 (option 2) or the FDA at 1-800-FDA-1088 (1-800-332-1088) or www.FDA.gov/medwatch

PRESCRIBER'S SIGNATURE

In signing this form, I acknowledge that I have reviewed *What You Need to Know About LEMTRADA Treatment: A Patient Guide* with this patient, and counseled the patient about the serious risks associated with the use of LEMTRADA, and how to mitigate these risks through periodic monitoring.

Prescriber Signature* _____ Date* _____

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If you have any questions regarding the LEMTRADA REMS Program, call 1-855-676-6326