



LEMTRADA REMS PATIENT STATUS FORM

**Please fax this completed form to the LEMTRADA REMS 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 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

d. Stroke ☐ 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, call 1-855-676-6326