Consent to Lenalidomide Viatris Treatment and Patient Health Information Collection and Storage

To be completed by the patient

I have been informed by my medical practitioner about:

1. Lenalidomide Viatris and potential risks and benefits of treatment including the risk of human birth defects (deformed babies) and death to an unborn baby if taken during pregnancy.
2. Viatris Care Program (Viatris Pregnancy Prevention Patient Database) and procedures associated with its use, including the storage of my personal information as detailed below.

I have been provided with:

1. The Lenalidomide Viatris Patient Information Booklet
2. The Lenalidomide Viatris Consumer Medicine Information leaflet (CMI) and have been given the opportunity to ask my medical practitioner questions about Lenalidomide Viatris and Viatris Care Program.
3. The Patient Card

I understand and am satisfied with the responses that I have received.

I understand that, as part of my treatment on Lenalidomide Viatris, if I am of child-bearing potential I must have at least monthly pregnancy tests which will be monitored for ongoing treatment with Lenalidomide Viatris.

I consent to my personal information (including my name, DOB and sex) and health information (including pregnancy test results) being collected by Viatris and stored in the Database in line with the Privacy Collection Notice. I consent to my information in the Database being accessed, used by and disclosed to: the hosts and administrators of the Database as contracted by Viatris, including Commercial Eyes which operates the Database, my medical practitioner and his/her staff, Viatris staff and its authorised contractors, and drug regulatory authorities (together with Database Users).

I acknowledge that the Database Users require access to the Database to monitor patients on Lenalidomide Viatris and/or to ensure the proper operation of the Database. I understand that Database Users may share my information with other Database Users, in accordance with the Privacy Collection Notice. I also consent to my de-identified information being used in scientific research, which may result in publications or presentations, provided I will in no way be identified through such research.

I understand that my information in the Database may be stored on third party servers located in jurisdictions outside of New Zealand. I understand that Viatris has agreements with its third party service providers to protect my privacy and keep my information secure.

I understand that Viatris' Privacy Policy (a copy of which is on Viatris' website at https://www.viatris.nz/en-nz/privacy-policy) or available by requesting a copy using the details explained below, explains how to request access to and correction of my personal information in Database, how to make a privacy complaint and how my complaint will be dealt with.

I understand that I can request access to or correction or updates to my personal information in the Database by Head of Global Privacy at, 1000 Viatris Boulevard, Canonsburg, PA 15317, United States, or at, Viatris Health Pty Ltd, PO Box R1462, Royal Exchange Post Office, NSW 1225. Ph: 02 9298 3999. Email: dataprivacy@Viatris.com.

I understand that if I transfer to another medical practitioner/centre during my treatment, arrangements must be made to provide my new medical practitioner/centre with access to my information in Viatris Care to ensure continuity of my care.

I understand that if I do not provide my information, my ability to be treated with Lenalidomide Viatris, and/or the safety and efficacy of such treatment, may be impacted, this is due to Viatris commitment to patient safety.

In accordance with regulatory obligations, Viatris has a systematic process in place to collect, store and process reports of adverse events experienced by patients taking a Viatris product, when identified by a Viatris representative (or by a third party acting on behalf of Viatris). All information forwarded to the Viatris drug safety department is treated in accordance with local privacy laws and may be captured and processed in countries outside of New Zealand and shared with health authorities or other pharmaceutical companies with whom Viatris has a license agreement, for the purpose of meeting the regulatory requirements for reporting safety information on Viatris products. The Viatris drug safety department may contact a patient's healthcare professional in order to collect further information on the adverse event.

I understand that information relating to an adverse event with a Viatris product that is identified during this activity will be forwarded to the Viatris drug safety department, and possibly to health authorities when required. I understand that my participation in this program indicates consent for Viatris drug safety department to contact my healthcare professional for further information regarding any adverse event identified as part of this activity.

Patient signature:				
Print Name:	Date:	DD	MM	YYYY
Doctor signature:				
Print Name:	Date:	DD	MM	YYYY