



ENROLMENT FORM

TELEPHONE: 1-844-MAP-PAM2 (1-844-627-7262) FAX: 1-844-922-0242

EMAIL: MAPinfo@innomar-strategies.com



PATIENT INFORMATION

Patient's name: _____ Date of birth: _____ Gender: F M
First name Last name dd/mm/yy

Parent/guardian name: _____

Address: _____

Home phone: _____ Leave messages: Y N Preferred time to call: AM PM Evening

Other phone: _____ Leave messages: Y N Preferred time to call: AM PM Evening

PHYSICIAN INFORMATION

Physician's name: _____ Specialty: _____ License number: _____

Email: _____ Address: _____ Postal Code: _____

Key contact/admin: _____ Telephone: _____ Fax: _____

Nurse: _____ Telephone: _____ Fax: _____

PRESCRIPTION

STRENSIQ® (asfotase alfa) (Refer to monograph for complete prescribing information)

Patient's body weight: _____ kg Patient's height: _____ cm Directions/special instructions: _____

Dosage: _____

2 mg/kg of body weight administer _____ mg subcutaneously 3 times per week for 4 weeks

1 mg/kg of body weight administer _____ mg subcutaneously 6 times per week for 4 weeks

Repeats: _____ Physician signature: _____ Date: _____
dd/mm/yy

PATIENT AUTHORIZATION AND CONSENT

Patient consented verbally

I understand that the Metabolic Assistance Program has been contracted by Alexion Pharma Canada ("Alexion"), for the purpose of assisting Canadian patients with obtaining access to medical treatment under the Metabolic Assistance Program.

Signature of patient/legal representative: _____

Date signed: _____
dd/mm/yy

SEE FULL PATIENT CONSENT TERMS BELOW—PLEASE ENSURE YOU HAVE FULLY READ AND UNDERSTAND THE PATIENT CONSENT TERMS

The Metabolic Assistance Program is the support program that provides information, education and assistance to patients.

By signing this Authorization and Consent, you agree to permit (1) your physician(s), and other healthcare providers involved in the treatment of your medical condition ("Providers"); (2) the distributor, pharmacy, clinic or home health agency that supplies or dispenses your medical therapy ("Distributor"); and (3) your health insurer, payor, or patient assistance program ("Payor"); to disclose personal and sensitive information, including health and payment information ("Personal Information") about you to Alexion Pharma Canada including, but not limited to, its employees, affiliates, sub-contractors, agents, and other representatives (together, "Alexion"), for the uses and purposes described below.

The Personal Information disclosed as part of your participation in OneSource Canada may include diagnoses, medical reports, orders, prescriptions, records, medical histories, findings, prognoses, plans of care and discharge summaries, billing information, insurance claims, and utilization review reports. The Personal Information and other information covered by this Authorization and Consent includes Personal Information and other information provided to Alexion by you, Providers, Distributors and Payors. The uses and purposes to which your Personal Information and other information may be put are:

Coordination of Care: Between you, the Provider, Distributor, or Payor for the coordination of your medical care.

Disease Management/Patient Education: To provide information, training, and case management services to you or your representative, or any Provider, Distributor, or Payor.

Clinical Research/Treatment Protocols: To inform you or your representative of clinical research studies, treatment protocols, or disease-related surveys.

Reviewing your Insurance Coverage: To review, verify, and assist you in understanding the services that your Payor covers. This may include review of your personal financial information to determine if you qualify for financial assistance which may be available under the Metabolic Assistance Program. If you do not qualify for insurance or other coverage to pay for your treatment, your Personal Information and other information may be used to determine if you might qualify in future for such coverage.

Billing and Payment: To coordinate the preparation, filing, and processing of health insurance claims, the evaluation of coding (billing) issues, and the resolution or collection of any payment due to Provider, Distributor, Payor or Alexion for your treatment.

Product Orders: To fulfill medical product orders, answer any questions that you may have and to inform you about other services that may be of interest to you.

Government Agencies: To provide Personal Information and other information as required or requested by representatives of government agencies.

Other Use of Information: To de-identify the Personal Information about you and to use this de-identified Personal Information in performing clinical research, patient and community education, clinical protocol development, marketing studies, or for other commercial purposes as determined by Alexion.

Transfer and Processing of Personal Information: To transfer the Personal Information, either between provinces or outside of Canada, for the purposes of communicating the information to Alexion's parent and affiliated entities, and/or for the purposes of storing and processing the information on behalf of Alexion. Your Consent and Authorization serves as explicit consent that your data can be transferred and processed in countries outside Canada, which may not ensure the same level of data protection as provided in Canada, to provide you with the information you requested. The Personal Information will be protected while outside of Canada; however, to the extent required under applicable law, your Personal Information may be accessed by the courts, law enforcement and national security authorities of that other country.

Disclosure: In addition to the above uses and purposes, by signing this Authorization and Consent, you agree to permit Alexion to disclose your Personal Information to Payors, solely for the purposes of verifying financial entitlements under health insurance programs.

This Consent and Authorization may be revoked by you at any time by sending a written notice to Alexion at 3100 Rutherford Road, Suite 300, Vaughan, Ontario L4K 0G6.

STRENSIQ® (asfotase alfa) indication

STRENSIQ® (asfotase alfa), indicated as enzyme replacement therapy for patients with confirmed diagnosis of paediatric-onset hypophosphatasia, has been issued marketing authorization with conditions, pending the results of trials to verify its clinical benefit. Patients should be advised of the nature of the authorization. For further information for STRENSIQ® please refer to Health Canada's Notice of Compliance with conditions – drug products web site:

<http://www.hc-sc.gc.ca/dhp-mpps/prodpharma/notices-avis/conditions/index-eng.php>