Kineret ON TRACK™

Patient Support Program enrolment form

Phone: 1-866-204-3546, 8 am–8 pm (ET) Monday–Friday

Send completed form by:
Fax: 1-866-368-6511 | Email: kineret@innomar-strategies.com

Clear form

Patient information

Last name:	First name:	
Gender:	Date of birth (DD/MM/YYYY):	
Phone number (preferred):	Leave messages: ☐ Yes ☐ No	Opt in to SMS or text: ☐ Yes ☐ No
Phone number (other):	Leave messages: ☐ Yes ☐ No	Opt in to SMS or text: ☐ Yes ☐ No
Language preference: ☐ English ☐ French		
Email address:		
Street address:		
City/Town:	Province:	Postal code:

☐ I am providing consent for myself and have read, understand, and agree to the "Patient consent" found on the reverse of this form.
OR
☐ Physician has obtained patient's verbal consent from the "Patient consent."*

Signature of patient	Signature of legal representative (if applicable)	Date (DD/MM/YYYY)
Relationship of legal representative to patient	Legal representative (print name)	

*Signature from patient or legal representative is required in Alberta.

Prescriber information

Last name:	First name:	
Licence number:	Specialty:	
Email address:		
Clinic street address:	Province:	Postal code:
City/Town:	Special instructions:	
Key contact/admin: Preferred communication of key contact/admin: ☐ Telephone: _____ ☐ Fax: _____ ☐ Email: _____		

Prescription information

Treatment for (specify medical condition): _____	Patient weight: _____lb/kg
KINERET® (anakinra) 100 mg/0.67 mL solution ☐ 28 syringes ☐ 7 syringes Other: _____	Directions: Inject _____mg subcutaneously every _____ day(s) Refills: _____
Send prescription to: ☐ Kineret ON TRACK™ pharmacy ☐ I authorize the Program to send the prescription to the patient's pharmacy of choice on my behalf.	Patient's preferred pharmacy (please indicate): _____ Pharmacy address: _____
Comments:	
Physician signature:	Date (DD/MM/YYYY):

I hereby confirm: (i) I am the prescribing physician; (ii) this is an original prescription for KINERET; (iii) I agree to be contacted by Sobi Canada, Inc., its affiliates, and partners in connection with this patient's care and/or enrolment in the Kineret ON TRACK Patient Support Program.

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Patient consent

The Kineret ON TRACK Patient Support Program ("Program") is sponsored by Sobi Canada, Inc. ("Sobi") and currently managed by Innomar Strategies, an independent third party contracted by Sobi to administer the Program ("Program Administrator"). The Program includes services such as reimbursement investigation and assistance to patients prescribed KINERET. Sobi reserves the right to terminate or change the Program at any time without prior notice or delay, including by moving the Program to a new Program Administrator.

I have been given the opportunity to discuss this Program with my physician and I understand that participation in the Program is voluntary. I hereby consent to the Program collecting, using, disclosing, and storing my Personal Information (as defined below) to determine my eligibility for and in connection with my participation in the Program and to provide me with Program services as outlined herein.

I understand the Program may collect information from, and share information with, my healthcare providers and their staff, including my physician(s) and pharmacist(s) (collectively, "Healthcare Providers"), insurance providers (private or public) as well as other service providers retained for the Program or for other purposes as permitted or required by law. The information collected and shared may include information about my insurance coverage, medical condition, and other personal and health information, as well as all information included on this Patient Enrolment and Consent Form (collectively, "Personal Information"). I authorize my physician to provide the Program Administrator with this completed Patient Enrolment and Consent Form. I agree I may be contacted by the Program Administrator, Healthcare Providers or others for information required for my enrolment in and the administration of the Program, by email, phone, or otherwise using the information provided.

Use and disclosure of your Personal Information
The Program Administrator (and its authorized representatives and agents) may collect, use, and/or share your Personal Information to:

- Administer the Program;
- Provide you with the Support Services;
- Determine your eligibility for the Program and Support Services;
- Personalize the Program and Support Services to your specific circumstances;
- Provide you with materials relating to your medication, treatment, and the Program;
- Contact you to inform you of changes in the Program and Support Services;
- Obtain your feedback on the Program and Support Services;
- Facilitate the transfer of your data in the event of a change in Patient Support Program provider;
- Evaluate and report patient outcome data associated with the administration of KINERET;
- Perform internal evaluation and assessments of the Program and Support Services; and
- Undertake safety monitoring, reporting, and auditing and responding to enquiries or issues in relation to medication, or as otherwise may be required by law.

I understand that my Personal Information may be combined with the information of others who participate in the Program in order to generate aggregated data that does not contain identifying information ("Aggregated Data"). Aggregated Data may be used by Sobi and its service providers to improve and/or refine the Program, to design and implement other patient programs, and for research purposes, including the identification of trends such as product utilization, adherence, or outcomes. Aggregated Data may also be used to help Sobi and its service providers to help develop, evaluate, or improve the Program, our products, services, materials, and treatment and to conduct research, including future scientific research and publications.

I understand that the Program Administrator (not Sobi) is responsible for the collection, use, and disclosure of Personal Information collected for the purposes of the Program. I understand Sobi may receive de-identified data from this Program, but will not receive my Personal Information, except, if required, certain information (e.g., initials, date of birth, and gender, but not name) for adverse event reporting purposes to enable Sobi to follow up with my Healthcare Providers. This is necessary for Sobi to maintain the most up-to-date records as to the safety of its products. Adverse event information may need to be reported to health authorities in and outside of Canada.

I understand the file containing my Personal Information will be maintained at the offices of the Program Administrator, who will collect, use, disclose, and protect my personal information as described above and otherwise in accordance with its privacy policy. Authorized employees, agents, and mandataries of the Program Administrator will have access to my personal information as necessary to administer the Program. Personal Information collected in connection with the Program may be stored or processed outside of Canada. I understand that where Personal Information is stored or processed outside of Canada, it may be subject to the laws of foreign jurisdictions. For information about the Program Administrator policies and practices regarding its service providers, or for a copy of its privacy policy, I can contact Innomar Strategies by scheduling an appointment at 1-844-466-0627 or filling out a form on www.innomar-strategies.com.

I have the right to revoke this consent at any time by contacting the Program at 1-866-204-3546; however, any withdrawal of consent shall not have retroactive effect. I may request access to, or correction of, my Personal Information, or withdraw my consent at any time by contacting the Program Administrator in writing at the address above. I understand that withdrawing my consent will result in the termination of my enrolment in the Program.

I understand that any financial assistance provided to me as a result of my enrolment in the Program may be reportable income to public or private payors or government agencies, and I am solely responsible for any such reporting as well as ensuring compliance with accepting such financial assistance.

Pr Kineret® (anakinra)

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