

# Patient Card



**Patient Name:** .....

## TREATED EYE

☐ Left Eye

☐ Right Eye

Date of treatment

LUXTRNA®  
Batch number

## Treating ophthalmologist

**Name:** .....

**Phone number:** .....

### Information for patients:

Ensure that you attend all follow-up appointments and report any possible side effects to your doctor. You can also report side effects directly to

**Saudi Food and Drug Authority National Pharmacovigilance Center**

Unified Contact Center : 19999

Email: [npc.drug@sfd.a.gov.sa](mailto:npc.drug@sfd.a.gov.sa)

Or by online: <https://ade.sfda.gov.sa>



By reporting side effects you can help provide more information on the safety of this medicine.

### Information for health care professionals:

The holder of this card has received voretigene neparvovec, an adeno-associated virus vector based gene therapy. Before providing any treatment, please call their prescribing physician on the number provided on this card. Please also note that all adverse events discussed in the course of your consultation should be reported to

**Patient Safety Department Novartis Pharma AG - Saudi Arabia -**

Toll Free Number: 8001240078

Phone: +966 11 265 8100

Fax: +966 11 265 8107

Email: [adverse.events@novartis.com](mailto:adverse.events@novartis.com)

Or by online: <https://report.novartis.com>



This document has been reviewed and approved by The Saudi Food and Drug Authority (SFDA).