



Imnovid® (Pomalidomide)

**i-SECURE PRESCRIBER/PHARMACIST
ACKNOWLEDGEMENT RECEIPT
FOR IMMUNOMODULATORY AGENTS**

Healthcare Professionals Acknowledgement of Receipt of Educational Materials for Immunomodulatory Agents

As a part of the i-SECURE risk management program for immunomodulatory agent pomalidomide, this document must be returned to Biologix to confirm receipt of the information kit.

The i-Secure information kit includes the Healthcare Professionals Brochure for Immunomodulatory Agents, Risk Awareness Form for Counseling Patients Receiving Immunomodulatory Agents, Patient Agreement Form for Immunomodulatory Agents, Patient Card for Immunomodulatory Agents, Product Handling Instructions for Immunomodulatory Agents and the Verification Form.

Healthcare Professional Information

Please complete this form in BLOCK CAPITAL LETTERS.

Please check the appropriate box

Prescriber

Pharmacist

First Name

Last Name

Specialty

Institution Name

Address

Country

Phone Number

Fax Number

Email Address

Data Privacy Notice

Your personal data will be processed by Biologix for the purposes of administering on behalf of Bristol-Myers Squibb (BMS) the i-SECURE program.

We may share your data with BMS entities and third parties providing services to BMS for this program management and administration purposes. This may entail the transfer of your data to other countries such as the USA and Switzerland.

BMS will implement appropriate contractual, organizational, and technical security measures to protect your information from unauthorized access, use or disclosure. If required, we may share your data with health authorities for safety and other regulatory reasons.

For more information on how your personal data is being processed, contact Biologix at **BX-Privacy-KSA@biologixpharma**

Prescriber Confirmation

I hereby acknowledge that I have received training on i-SECURE, read and understood the information detailed in the healthcare professional educational materials (i-SECURE HCP Brochure), particularly the risk of fetal exposure, and the steps needed to mitigate the teratogenic risk of immunomodulatory agents. I shall comply with the i-SECURE program requirements, explain associated risks to patients with immunomodulatory agents, and I confirm understanding of my responsibility to ensure that patients meet all the conditions of i-SECURE program before the product is prescribed and dispensed.

Healthcare Professional Information

Please complete this form in BLOCK CAPITAL LETTERS.

First Name

Last Name

Signature

Date

Please ensure this form is submitted to the Biologix Medical Department via email at medinfo@biologixpharma.com, OR handed over in person to a Biologix representative, only after the applicable i-SECURE training has been delivered.