• PREGNANCY PREVENTION PROGRAM •

HEALTHCARE PROFESSIONALS ACKNOWLEDGEMENT OF RECEIPT OF EDUCATIONAL MATERIALS

FOR IMMUNOMODULATORY AGENTS

Revlimid® (Lenalidomide) and Pomalyst® (Pomalidomide)

As a part of the Pregnancy Prevention Program (PPP) for immunomodulatory agents (lenalidomide and pomalidomide), this document must be returned to Bristol Myers Squibb to confirm receipt of the information kit.

The 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, and Patient Medication Guide.

Healthcare Professional Information

• Please complete this form in BLOCK CAPITAL LETTERS.

First Name	:
Last Name	:
Specialty	:
Institution Name	:
Address	:
Country	:
Phone Number	:
Fax Number	:
Email Address	:

I have received and read the information detailed in the healthcare professional educational materials (Healthcare Professionals Brochure for Immunomodulatory Agents and Risk Awareness Form for Counseling Patients Receiving Immunomodulatory Agents), particularly the risk of fetal exposure, and the steps needed to mitigate the teratogenic risk of immunomodulatory agents. I will follow the PPP requirements.

Healthcare Professional Information

• Please complete this form in BLOCK CAPITAL LETTERS.

First Name	:
Last Name	:
Signature	:
Date	:

I confirm that I have provided the materials to the healthcare professional disclosed within this form.

Bristol Myers Squibb/Partner Representative

• Please complete this form in BLOCK CAPITAL LETTERS.

First Name	:
Last Name	:
Signature	:
Date	:

Bristol Myers Squibb™

Please provide this form to Bristol Myers Squibb at Safety_Singapore@bms.com.

- I consent to the collecting and processing of my personal information by Bristol-Myers Squibb Pte Ltd ("BMS") for the purposes of this Pregnancy Prevention Program including Adverse Event reporting and program compliance. BMS may disclose my personal information as required by the Personal Data Protection Act 2012.
- I consent to the transfer of my personal information to BMS Affiliates and other third parties for the exclusive use of this Program. I understand BMS will take all steps reasonably necessary to ensure that my personal information is adequately protected according to the requirements of the data protection laws of Singapore.
- I understand that BMS will keep my personal information as long as it is necessary in accordance with the Program objectives and that I have the right to withdraw from the Program at any time by informing my prescribing physician or BMS in writing. Moreover, I have the right to request for change or removal of my personal data.