RPSPv.4-

FORM 1 ENROLLMENT FORM

Safeguarding Doctor-Patient Relationship and Confidentiality

Please submit to RPSP via email at **rochepsp@zuelligpharma.com** and/or mail at RPSP c/o Zuellig Pharmaceutical Corporation, Km. 14 West Service Road, South Superhighway cor. Edison Ave., Brgy. Sun Valley Parañaque City 1700

Dear Doctor,

Thank you for enrolling your patient to the Roche Patient Support Program. As part of Roche's pharmacovigilance/drug safety monitoring activities, you may be contacted by the Roche Local Safety Unit to obtain additional medical information on reported adverse event(s) experienced by your patient while under treatment with a Roche medicinal product. The Roche medicinal product must be administered in a treatment protocol or dose consistent with the latest Philippine FDA-approved product indication.

Roche product/s prescribed

1

_____
Generic Name (Brand Name)

Product Form: _____

Product Form: _____

Dose per cycle: _____

Planned number of cycles: _____

For breast cancer indication: (please check)

☐ eBC ☐ mBC

2

_____
Generic Name (Brand Name)

Product Form: _____

Product Form: _____

Dose per cycle: _____

Planned number of cycles: _____

For breast cancer indication: (please check)

☐ eBC ☐ mBC

I confirm by signing that _____ and _____ treatment/s will be
Product 1 **Product 2**
administered in accordance with the most current prescribing information outlined in the relevant package insert/s.

_____ _____
Doctor's Name and Signature Date

For the most current version of the product information, you may contact Roche Medical Information via philippines.medinfo@roche.com

RPSP will keep patient confidentiality.

Informed Consent:

Doctor's Name: _____ Hospital: _____

Signature: _____ Date: _____

Patient's Name: _____ Tel./ Mobile No.: _____

Address: _____ Email: _____

Signature: _____ Date: _____

Patient's next of kin: _____ Tel./ Mobile No.: _____

Signature: _____ Date: _____

RPSP HOTLINE: (02) 395-3558

Preferred modes of communication (please check all that apply).

☐ SMS / Text Message ☐ Landline

☐ Cellphone ☐ e-mail

See the back and sign the consent form