Informed Consent Form for Procedures for Appropriate Control of Lenalidomide/Pomalidomide

Medication care partner

I have confirmed the procedure for the appropriate control of Lenalidomide and Pomalidomide (RevMate®) and consent to the following items. (Place a checkmark next to the items you consent to)

RevMate®

- ☐ I have confirmed that Lenalidomide and Pomalidomide may cause birth defects in the fetus.
- ☐ I have confirmed that the prescribed drug is intended only for use in patient treatment and will not share it with or give it to any other person.
- ☐ I will keep the prescribed drug out of children's reach in a place dedicated for the patient, separately from foods/drinks.
- ☐ If I lose the drug, I will immediately inform the Pharmaceutical Department (hospital pharmacy), which delivered it, and follow the instructions of a pharmacist.
- ☐ If the patient no longer needs to use the drug, I will not discard it but return it to the Pharmaceutical Department (hospital pharmacy), which delivered it, and I understand that no refund for the returned drug will be made.
- ☐ I have confirmed that the patient and I will be responsible for any accident caused by inappropriate use of the drug.
- ☐ I agree that any deviation from the procedures for appropriate control may lead to suspension of administration of the drug or discontinuation of treatment with the drug, depending on the significance of the deviation.
- ☐ I have confirmed that the patient will not donate blood.
- ☐ I will cooperate in the questionnaire survey using periodic "RevMate® Patient Survey Sheet" on a regular basis.

Handling of medication care partner information

- ☐ I agree that the information of my age, gender, and relationship (terms) may be provided by Bristol-Myers Squibb K.K. (hereinafter referred to as BMS) and the generic companies to the RevMate® Joint Steering Committee*1 and the RevMate® Third Party Evaluation Committee*2 to the extent necessary for the purpose of improving the operation of RevMate® if there are any problems in the RevMate® operation.
- ☐ I further consent to the provision of my medical institute registration information (name, contact information, and relationship [terms]) by the medical institute to BMS or the generic company in the event that the medical institute deems it necessary in the follow-up investigation if there are serious deviations that may result in fetal damage, such as the confirmation of pregnancy of patient or patient partner.
- ☐ I agree that my medical institute registration information will be provided to BMS or the generic company (if applicable) by the transferring hospital, if I continue to receive the prescription of Lenalidomide or Pomalidomide at the transferring hospital.
- ☐ I agree that RevMate® personnel and RevMate® information personnel may look at the consent form with my name on it when reviewing the RevMate® storage records at the medical institute. I understand that in such cases, confidentiality will be maintained and will not be divulged to anyone else.

*1: The RevMate® Joint Steering Committee is a committee consisting of BMS, the generic companies, and medical and pharmaceutical experts to properly operate and manage RevMate®.

*2: The RevMate® Third-Party Evaluation Committee is a committee independent of BMS and the generics company that periodically inspects and evaluates the operational status of RevMate®. The committee conducts surveys of patients, families, and health care providers involved with RevMate®, examines problems and issues with RevMate®, and makes specific recommendations for improvement. The committee is composed of physicians, pharmacists, lawyers, and other experts, and the Ministry of Health, Labour and Welfare participates as an observer.

Drug to be administered	☐ Lenalidomide ☐ Pomalidomide	
For use by Medication care partner	I have received an explanation of RevMate® from the prescribing physician. I understand the things I need to comply with, and I give informed consent.	
	Name of patient :	Date of consent (Year/Month/Day) / /
	Signature of Medication care partner :	Relationship (terms)
	Contact information :	
Prescribing physician's name		

Please make a copy of this form after entry, give the original to the patient, and retain the copy at the medical institute.

RevMate® is a registered trademark of Celgene Corporation (an affiliate of Bristol-Myers Squibb), USA.