Thalidomide Celgene®
Pregnancy Prevention Programme

Woman of Non-Childbearing Potential
Treatment Initiation Form

UK

Introduction

This Treatment Initiation Form must be completed for each female patient of non-childbearing potential prior to the initiation of their Thalidomide Celgene® treatment. Retain a copy of this form with their medical records, and provide a photocopy to the patient.

The aim of the Treatment Initiation Form is to protect patients and any possible unborn children by ensuring that patients are fully informed of and understand the risk of teratogenicity and other adverse effects associated with the use of thalidomide. It is not a contract and does not absolve anybody from his/her responsibilities with regard to the safe use of the product and prevention of foetal exposure.

Warning: **Severe life-threatening birth defects.** If Thalidomide Celgene® is taken during pregnancy it can cause **severe birth defects** or death to an unborn baby.

Patient Details

Patient First Name:																						
Patient Last Name:																						

Date of Birth:	*DD*	*MM*	*YYYY*	Counselling Date:	*DD*	*MM*	*YYYY*

Prescriber Confirmation

I have fully explained to the patient named above the nature, purpose and risks of the treatment associated with Thalidomide Celgene® , especially the risks to women of childbearing potential.

Prescriber First Name :				
Prescriber Last Name:				
Prescriber Signature:		Date:	DD	MM YYYY

Patient: please read thoroughly and initial the adjacent box if you agree with the statement

I understand that Thalidomide Celgene® will be prescribed ONLY for me. I must not share it with ANYONE.	Patient initials
I have read the Thalidomide Celgene® Patient Booklet and understand the contents, including the information about other possible health problems (side effects) from thalidomide.	Patient initials
I understand that I cannot donate blood while taking Thalidomide Celgene® , or for 1 week after stopping treatment.	Patient initials
I understand that I must return any unused Thalidomide Celgene® to my pharmacy at the end of my treatment.	Patient initials

Patient Confirmation

I confirm that I understand and will comply with the requirements of the Thalidomide Celgene® Pregnancy Prevention Programme, and I agree that my doctor can initiate my treatment with Thalidomide Celgene® .

Patient Signature:		Date:	DD	MM YYYY

Celgene Limited - 1 Longwalk Road - Stockley Park - Uxbridge - UB11 1DB
Tel.: 0808 156 3059 · Fax: 0808 156 3058 · www.celgene.co.uk

UK-THA130005