

Program Name: **Because we care - لأننا منهنهم** Patient Support Program

Sponsor: **Roche Lebanon SARL**

Treating Physician Name:



I, the undersigned (first name, family name):

confirm that my treating physician has provided me with all the required information about this program to enable me to sign this consent.

I agree to participate in this patient support program at my own free will and I consent to share my medical information with ClinServ (a third party delegated by the sponsor) for eligibility assessment.

I understand that my authorization will not expire, but I can revoke my authorization by notifying my treating physician and ClinServ.

Roche Lebanon S.A.R.L and/ or ClinServ may, without liability and at its sole discretion, decide to stop my participation in the program or terminate the program at any time and I will be notified accordingly.

This authorizes ClinServ to store and process my medical information which is related to this program. This personal data will be secured against unauthorized access and will be kept confidential.

I understand and agree that in case of adverse events, collected data may also be provided to the program sponsor and/or official databases for reporting of adverse events and/or other safety relevant information.

.....	
Patient /Caregiver Name	
.....	
Date	Patient / Caregiver's signature

I, the undersigned, have fully explained this informed consent to the patient named above.

.....	
Doctor Name	Date

In case of any adverse event occurring on Any Roche Product please contact the safety hotline number : +961 76 700322 or by email to : beirut.safety_reporting.bs1@roche.com

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Roche Lebanon SARL is currently operating from a remote address (Omnipharma Bldg. B, 7th Floor, 28 Badaro St., P.O. Box 11-7956, Beirut, Lebanon)
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