cn=Dr Dhiveja Smith, o=Cipla, ou=Medical Affairs, email=dhiveja.smith@cipla.com, c=<n
2020.11.09 16:22:57 +02'00'

Annerie Tiedt
Digitally signed by Annerie Tiedt
Date: 2020.11.13 08:31:13 +02'00'

Cipla

LENALIDOMIDE CIPLA PRESCRIBER REGISTRATION FORM

This is a once-off procedure.

This form needs to be completed by physicians to register on the ***Cipla Risk Management Support Programme*** before prescribing **LENALIDOMIDE CIPLA** to patients. ***Please complete in block letters.***

Prescriber Details			
Name & Surname:		Speciality:	
Practitioner Registration Number:			
Address 1:			
Hospital/Centre:			
Street Address:			
Email Address:			
Telephone:		Fax:	
Address 2:			
Hospital/Centre:			
Street Address:			
Email Address:			
Telephone:		Fax:	

I, Dr. _____ [Initials and Surname], have read and understood the ***Cipla Risk Management Support Programme*** *Healthcare Professional Information Brochure*. This brochure explains the risks to patients receiving **LENALIDOMIDE CIPLA**, particularly the teratogenic effect on a foetus.

I agree to implement the following ***Cipla Risk Management Support Programme*** procedures when dealing with these prescriptions:

1.	Provide patient counselling on the potential benefits and risks of **LENALIDOMIDE CIPLA** treatment and provide the ***Cipla Risk Management Support Programme*** *Patient Information Brochure* to the patient.
2.	Complete a *Treatment Initiation Form* for each new patient.
3.	Provide contraception counselling in addition to scheduled pregnancy testing to female patients of childbearing potential.
4.	Complete a *Prescription Authorisation Form* for each patient for each prescription.
5.	Prescribe no more than a 4-week supply of **LENALIDOMIDE CIPLA** if the patient is a female of childbearing potential.
6.	Prescribe no more than a 12-week supply of **LENALIDOMIDE CIPLA** if the patient is male or female not of childbearing potential.

Please email the completed/signed form to Cipla Medpro (Pty) Ltd before dispensing **LENALIDOMIDE CIPLA**.

e medinfo@cipla.com

Signature: _____

D	D	M	M	Y	Y	Y	Y