

1.3

LABORATORY RESULTS INFORMATION

Laboratory Tests

AAV9 antibody status ≤1:50: Yes No

Please note: Test result ≤1:50 is mandatory to ensure treatment with ZOLGENSMA can be effective

The provision of the following information is optional and requires that patients or their legal representatives are informed in advance and, if necessary, their consent is obtained

SMA Diagnosis

SMA Type:	0	1	2	3	4
Number of <i>SMN2</i> copies	0	1	2	3	4

Additional information (optional)

Diagnosed as part of newborn screening No Yes

Previous SMA treatment No Yes, please provide date and type of the treatment: _____

These data may further be anonymized and used for commercial purposes by AveXis

For other recommended laboratory testing, please refer to the SmPC

1.4

ORDER INFORMATION

Please check a box below to indicate patient dose. The intravenous dosage is determined by patient body weight:

Patient weight range (kg)	Patient weight range (kg)	Patient weight range (kg)	Patient weight range (kg)
2.6 – 3.0	7.6 – 8.0	12.6 – 13.0	17.6 – 18.0
3.1 – 3.5	8.1 – 8.5	13.1 – 13.5	18.1 – 18.5
3.6 – 4.0	8.6 – 9.0	13.6 – 14.0	18.6 – 19.0
4.1 – 4.5	9.1 – 9.5	14.1 – 14.5	19.1 – 19.5
4.6 – 5.0	9.6 – 10.0	14.6 – 15.0	19.6 – 20.0
5.1 – 5.5	10.1 – 10.5	15.1 – 15.5	20.1 – 20.5
5.6 – 6.0	10.6 – 11.0	15.6 – 16.0	20.6 – 21.0
6.1 – 6.5	11.1 – 11.5	16.1 – 16.5	
6.6 – 7.0	11.6 – 12.0	16.6 – 17.0	
7.1 – 7.5	12.1 – 12.5	17.1 – 17.5	

SECTION 2: INFORMATION FOR COMPLETION BY RESPONSIBLE PERSON

All fields in this section are required unless explicitly stated as optional

SECTION 2:

2.1

PURCHASING INFORMATION

Purchase order no. of the treatment center: _____

2.2

DELIVERY INFORMATION (IF DIFFERENT FROM THE PRESCRIBING HCP ADDRESS)

Treatment center name: _____

Treatment center address: _____

_____ City: _____ Country: _____ Postcode: _____

2.3

PRODUCT SHIPPING/RECEIVING CONTACTS

Primary shipping/receiving contact

Treatment center name: _____ Office phone no. (International format): + _____

First name and family name: _____ Mobile phone no. (International format): + _____

Position: _____ Professional email: _____

Secondary shipping/receiving contact

First name and family name: _____ Office phone no. (International format): + _____

Position: _____ Mobile phone no. (International format): + _____

Professional email: _____

2.4

DELIVERY SCHEDULING

Requested delivery date: _____

Outside business hours coverage: Yes No

Outside business hours contact (optional)

First name and family name: _____ Outside business hours coverage timeframe: _____

Outside business hours phone no (International format): + _____

Outside business days:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Outside business hours:	: to :	: to :	: to :	: to :	: to :	: to :	: to :

Special delivery requirements (optional): _____

AveXis General Conditions of Sales have been shared with you and apply for the supply of ZOLGENSMA

By signing below,

I/ We certify that ZOLGENSMA has been prescribed by a healthcare professional and I/ We authorize the order of ZOLGENSMA in line with the information above.

I/ We acknowledge that any specifically agreed conditions with the Treatment Center shall apply.

I/ We ensure to comply to all local regulations and legal requirements including respective data protection regulations.

Prescribing HCP:

Signature:	
First name and family name in capital letters:	Date (DD/MM/YYYY): / /

Pharmacist:

Signature:	
First name and family name in capital letters:	Date (DD/MM/YYYY): / /

For any queries related to the product or prescription, contact Medinfo line. Email: medinfo.emea@avexis.com; Phone: +353 (0)1 566 2364

EU MA numbers by patient weight ranges

Patient weight range (kg)	EU MA number	Patient weight range (kg)	EU MA number	Patient weight range (kg)	EU MA number	Patient weight range (kg)	EU MA number
2.6 – 3.0	EU/1/20/1443/001	7.6 – 8.0	EU/1/20/1443/011	12.6 – 13.0	EU/1/20/1443/021	17.6 – 18.0	EU/1/20/1443/031
3.1 – 3.5	EU/1/20/1443/002	8.1 – 8.5	EU/1/20/1443/012	13.1 – 13.5	EU/1/20/1443/022	18.1 – 18.5	EU/1/20/1443/032
3.6 – 4.0	EU/1/20/1443/003	8.6 – 9.0	EU/1/20/1443/013	13.6 – 14.0	EU/1/20/1443/023	18.6 – 19.0	EU/1/20/1443/033
4.1 – 4.5	EU/1/20/1443/004	9.1 – 9.5	EU/1/20/1443/014	14.1 – 14.5	EU/1/20/1443/024	19.1 – 19.5	EU/1/20/1443/034
4.6 – 5.0	EU/1/20/1443/005	9.6 – 10.0	EU/1/20/1443/015	14.6 – 15.0	EU/1/20/1443/025	19.6 – 20.0	EU/1/20/1443/035
5.1 – 5.5	EU/1/20/1443/006	10.1 – 10.5	EU/1/20/1443/016	15.1 – 15.5	EU/1/20/1443/026	20.1 – 20.5	EU/1/20/1443/036
5.6 – 6.0	EU/1/20/1443/007	10.6 – 11.0	EU/1/20/1443/017	15.6 – 16.0	EU/1/20/1443/027	20.6 - 21.0	EU/1/20/1443/037
6.1 – 6.5	EU/1/20/1443/008	11.1 – 11.5	EU/1/20/1443/018	16.1 – 16.5	EU/1/20/1443/028		
6.6 – 7.0	EU/1/20/1443/009	11.6 – 12.0	EU/1/20/1443/019	16.6 – 17.0	EU/1/20/1443/029		
7.1 – 7.5	EU/1/20/1443/010	12.1 – 12.5	EU/1/20/1443/020	17.1 – 17.5	EU/1/20/1443/030		

