

Send completed form to:

Email: [REDACTED]

Fax: [REDACTED]

If you have any queries regarding this form,

Email: [REDACTED]

For any queries related to the product or prescription, please contact Medinfo line.

Email: [REDACTED] Phone [REDACTED]

In providing information in this form, the pharmacist ensures customer is complying with all relevant local regulations and legal requirements including respective data protection regulations

Please refer to the EU Summary of Product Characteristics of **ZOLGENSMA** for full details of prescribing information (https://www.ema.europa.eu/en/documents/product-information/zolgensma-epar-product-information_en.pdf)

Section 1: Order information

- 1.1 Patient information
- 1.2 Patient weight range

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

Data requested in this section may be anonymized further for analytical use by Novartis

Section 2: Purchasing and delivery information

- 2.1 Purchasing information
- 2.2 Delivery information
- 2.3 Product shipping/receiving contacts
- 2.4 Delivery scheduling

SECTION 1: ORDER INFORMATION

All fields in this section are required:

SECTION 1:

1.1

PATIENT INFORMATION

Pseudonymized patient code of the treatment centre:

Patient's weight at the time of product order (kg): _____

Date weight taken (DD/MM/YYYY): / /

PATIENT WEIGHT RANGE

Please check a box below to indicate patient weight. 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: PURCHASING AND DELIVERY INFORMATION

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

Treatment center name: _____

Treatment center address: _____

_____ City: _____ Country: _____ Postcode: _____

2.3

POINTS OF CONTACT IN HOSPITAL PHARMACY

Primary shipping/receiving contact

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

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

First name and family name: _____ Professional email: _____

Position (optional): _____

Secondary shipping/receiving contact

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

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

Professional email: _____

2.4

DELIVERY SCHEDULING

Requested delivery date: _____

Normal timeframe for deliveries

Monday to Friday: _____

Contact outside of this timeframe

First name and family name: _____

Phone no. (international format): + _____

Special delivery requirements (optional): _____

The terms of the EMEA General Conditions of Sale and the EMEA Return Order and Cancellation Policy apply or the agreed Supply Agreement for ZOLGENSMA applies to this order form.

By signing below,

We authorize the order of **ZOLGENSMA** in line with the information above.

We acknowledge that the terms of EMEA General Conditions of Sale and the EMEA Return Order and Cancellation Policy apply or the agreed Supply Agreement for **ZOLGENSMA** applies to this order form.

We ensure to comply with all relevant local regulations and legal requirements including respective data protection regulations.

Novartis local country organization may contact you for clarifying questions related to this order form.

Pharmacist on behalf of Customer:

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

| |
|---|
| <p>Send completed form to:</p> <p>Email: [REDACTED]</p> <p>Fax: [REDACTED]</p> |
|---|

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 | | |

Novartis s.r.o., Na Pankraci 1724/129, 140 00 Praha 4