MonoFer® CosmoFer® | CONSENT AGREEMENT

PATIENT CONSENT AND PRIVACY NOTE FORM

Acino Pharma (Pty) Ltd ("Acino") continually searches for innovative ways to provide unsurpassed support to patients and Healthcare Professionals. As part of this continued innovation, Acino has engaged Nurse Educators and an Administrator to assist patients and Healthcare Professionals by liaising with Medical Aid on their behalf ("Services").
In the light of the above, please indicate whether or not you would like to receive the service by ticking the appropriate box below:

YES to the Service: ■ **NO** to the Service: ☐

If yes, please read and complete the Consent Form below, together with the attached a Privacy Note on the Processing of Personal Information, marked Annexure "A" ("Privacy Note") and then sign the Consent Form below. This Privacy Note describes how Acino collects and uses your personal information which you may provide to Acino for the Service, upon signing this Consent Form. Therefore, please take your time to read all the following information carefully, and, if you agree, then please sign this Consent Form. Acino will not use nor process your personal information unless you have voluntarily and freely signed this Consent Form.

PATIENT CONSENT

I, _____ ("Patient") or where the Patient is a minor, the Patient's lawful guardian, ID No. _____, hereby voluntarily consent to the disclosure of my Personal Information by Dr _____ ("HCP") to Acino's Medical Affairs Personnel, Nurse Educator, agents, contractors, and /or representatives ("Acino"), for the sole purpose of Acino providing the Service to me ("Purpose").

For the purpose of this Consent, Confidential/Personal Information shall mean, but not limited to, the Patient's name, Identity Number, Age, Gender, Contact details, Address, Physical or Mental health, well-being, disability, Clinical information and the Patient's medical record relating to the disease.

I understand and have been provided with a Privacy Note which provides a more complete description on the use, processing and disclosure of my Personal Information. I understand that I have the right to review the said explanatory note prior to signing this consent. I understand that I have the right to object to the use of my Personal Information for purposes other than as explained and stated in this Consent Form. I understand that I have the right to request restrictions as to how my Personal Information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Acino is not required to agree to the restrictions requested. I understand that I may revoke this consent at any time, without any consequences to me.

I have read this Consent Form and the attached Privacy Note, both of whose contents have been explained to me. I have been given the opportunity to ask questions and my questions have been adequately answered. If I have additional questions, I have been told whom to contact. I hereby freely and voluntarily agree to being provided with the Service and for the Purpose as described above and will receive a copy of this Consent Form.

Patient's/ Guardian's Signature: _____ Date: _____

Patient's Contact Number: _____ Next of Kin's Contact Number: _____

NURSE EDUCATOR DETAILS

Nurse Educator Name: Pippa Hime Signature: _____

Phone: 0721841396 Fax: _____

Mobile: 0721841396 Email: cginfusions@gmail.com

HEALTHCARE PROFESSIONAL'S CONSENT

I, Dr_____Practice No _____Hereby, in accordance with the Patient's consent above, consent to Acino utilising the Patient's Confidential/Personal Information for the Purpose.

Healthcare Professional's Signature: _____ Date: _____

Doctor's Contact Number: _____

UNDERTAKING BY ACINO

Acino warrants and undertakes that it has the skill to provide the Services and that Acino shall at all times use its best endeavours to use, process and keep the Patient's Confidential/Personal Information confidential in accordance with the provisions of the Protection of Personal Information Act No.4 of 2013 and shall use/process same only for the Purpose in this Consent.

Nurse Educator's Name: _____ Date: _____

Signature: _____

For full prescribing information refer to the Professional Information approved by the medicines regulatory authority. Further information is available on request to the holder of registration.

S3 **CosmoFer®**. Each 1,0 ml contains iron (III)-hydroxide dextran complex equivalent to 50 mg iron (III). Reg. No. 37/8.3/0434.

S3 **Monofer®** 500 mg each 5 ml vial/ampoule contains 500 mg iron as ferric derisomaltose. Reg. No. 46/8.3/0167.

S3 **Monofer®** 1 000 mg each 10 ml vial/ampoule contains 1 000 mg iron as ferric derisomaltose. Reg. No. 46/8.3/0168.

HCR: Acino Pharma (Pty) Ltd. Reg. no.: 1994/008717/07. No 106, 16th Road, Midrand, 1686, Gauteng, South Africa. 087 742-1660.

LP 4035 03/2022 Exp 03/2024

acino

MonoFer® CosmoFer® | MOTIVATION

PRESCRIBING PRACTITIONER

Name & Surname	Dr Colin Rush		
Name of Facility	Cape Gastro Infusion		
Speciality	Gastro Enterologist	Fax	
Address		Tel	
		Email	
		Practice No.	0817554

INFUSION FACILITY

Name of Facility	Cape Gastro Infusion		
Address	Suite 102 Fairfield Suite, Kinsbury Hospital, Wilderness Road, Claremont 7708		
Tel	0721841396		
Email	cginfusions@gmail.com		
Practice No.	0817554		
Hospital PR No.		Treatment Date	

PATIENT DETAILS

Name		Physical Address	
Surname		Initials	
Date of birth		M / F	
ID Number		Email Address	
Medical Aid		Treatment Date	
Membership No.		Hospital Pr No.	
Body Weight		Gestational Age	

PRESCRIPTION

	Monofer®		**CosmoFer®**
	NAPPI 722193001 (Monofer 1000 mg / 10 ml vial)		**NAPPI** 713080001 (Cosmofer 500 mg / 10 ml)
	NAPPI 722192001 (Monofer 500 mg / 5 ml vial)		**NAPPI** 711596002 (Cosmofer 100 mg / 2 ml)

Kindly approve reimbursement for the following indication/s for CosmoFer® or Monofer®

PRIOR TREATMENT INCLUDING ORAL

Medication: _____ Dosage: _____ Duration: _____

CLINICAL DIAGNOSIS

ICD 10 CODES

	D 50.8	Other iron deficiency anaemias		D 50.9	Iron deficiency anaemia - unspecified
	N 18.0 - N 18.9	End stage renal failure		E 61.1	Pure iron deficiency
	D 63.8	Anaemia in other chronic diseases, classifies elsewhere		Other	
	O 99.0	Anaemia complicating pregnancy, childbirth and the puerperium			

Procedure Codes **0201** ☐ **0206** ☐ **5783** ☐

Dr's Signature: _____ Date: _____

IMPORTANT: Please Attach Copies of Latest HB & Iron Studies (not more than 3 months old)

Email to: auth_za@acino.swiss Tel: 087 742 1892