



Lab Monitoring Program Enrollment Form

Phone: 1-866-AKCEATX (1-866-252-3289) **Fax:** 1-866-AKCEAFX (1-866-252-3239) **Email:** AkceaConnect@sobi.com

To help facilitate the required lab monitoring and in partnership with Quest Diagnostics, Akcea® Therapeutics developed the AKCEA® CONNECT Lab Monitoring Program for patients prescribed TEGSEDI® (inotersen). The program has been designed for efficient ordering and monitoring of tests to help ensure that patients have easy access to the required lab services (in office, in home, or at a Quest Patient Service Center). Costs associated with lab monitoring will be covered by Sobi.

To participate in the program:

- The patient must be enrolled in AKCEA CONNECT, a patient support program.
- The HCP must read the terms and indicate agreement by signing below.

By participating in the AKCEA CONNECT Lab Monitoring Program, I hereby consent to the receipt by Sobi of all the data specific to the program from the laboratory service provider, Quest Diagnostics, including but not limited to, the name, state and National Provider ID (NPI) Number of the referring provider, test result ranges, test result values, and applicable dates. This consent is an overall consent for all testing in connection with the AKCEA CONNECT Lab Monitoring Program and is not given on an order by order basis. This Privacy Policy describes the information we collect about you on this form, how we protect the data, how we use it and your rights. We collect identifiers, and characteristics of protected classification such as medical conditions in order to enroll patients in our REMS program, provide patients with a prescription, or enroll patients in our Patient Services Program. We only use the information on this form for the business purpose described on the form. We use technical, administrative and procedural measures in an attempt to safeguard personal data from unauthorized access or use. We only share this information internally or with service providers who support the business process. We never sell patient information. You may have rights to request access, deletion of your data. Please find further details in our full Privacy Policy, accessible at the following address: <https://sobi-northamerica.com/privacy-policy>.

*Required fields need to be filled out.

*HCP Name (print): _____ *NPI #: _____

*Primary HCP Email Contact: _____ Phone #: _____

*Street Address: _____

City: _____ State: _____ ZIP: _____

*Office Phone #: _____ *Office Main Contact #: _____

*Office Main Contact Name: _____ *Secure Fax #: _____
(if other than primary HCP)

Prescriber Signature: **X** _____ **Date Signed:** _____