ENROLL NOW FOR TREMFYA®
INJECTION TRAINING SUPPORT

E-MAIL TO: InjectionTraining@syneoshealth.com | **FAX TO:** 1-732-284-3578

PATIENT INFORMATION

*Required field.

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

*First Name _____ *Last Name _____

*Street Address _____ Apt/Unit _____

*City _____ *State _____ *ZIP Code _____

*Phone (____) _____ ☐ Mobile ☐ Home ☐ Office ☐ Other Secondary Phone (____) _____

Okay to leave message? ☐ Yes ☐ No Okay to text? ☐ Yes ☐ No

*E-mail Address _____ *Date of Birth ____/____/____

*Last Dose Received ☐ First Starter (Week 0) ☐ Second Starter (Week 4) ☐ Maintenance (once every 8 weeks after starter doses)

☐ I have not received first injection yet *Date of last dose ____/____/____

I authorize the following individual to act as my personal representative in this program

_____ Relationship to you _____

E-mail Address _____

*Phone (____) _____ ☐ Mobile ☐ Home ☐ Office ☐ Other Secondary Phone (____) _____

By signing below, I confirm I have received self-injection training from my healthcare provider and agree to the Patient Authorization terms on the next page.

_____ ____/____/____

*Patient Authorization Signature Date

PHYSICIAN INFORMATION

☐ Doctor ☐ Nurse Practitioner ☐ Physician Assistant

Name _____ Street Address _____

City _____ State _____ ZIP Code _____

Phone (____) _____

By signing below, I confirm the patient has received self-injection training.

_____ ____/____/____

*Signed By Date

_____ _____

*Name *Title

The TREMFYA® Injection Training Support Program is limited to education for patients about their Janssen therapy, its administration, and/or their disease. It is intended to supplement a patient's understanding of their therapy, and is not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, provide case management services, or serve as a reason to prescribe.

Please see next page for the terms of Patient Authorization for TREMFYA® Injection Training Support Program enrollment.

Tremfya® (guselkumab)

Janssen Pharmaceutical Companies of Johnson & Johnson

Please read the full Prescribing Information, including Medication Guide for TREMFYA®, and discuss any questions you have with your doctor.

PATIENT AUTHORIZATION

My signature on the TREMFYA® Injection Training Support Program Enrollment Form confirms I authorize each of my physicians ("healthcare providers") to disclose my protected health information, including information related to my medical condition and treatment, to Janssen Biotech, Inc., its affiliated companies, agents, and representatives, including our approved Service Providers supporting access programs for healthcare providers and patients (TREMFYA® and the TREMFYA® Injection Training Support Program from Janssen CarePath, together "Janssen Biotech") for the purposes described below.

Specifically, I authorize Janssen Biotech to receive, use, and disclose my protected health information in order to (i) enroll me in and contact me about the TREMFYA® Injection Training Support Program from Janssen CarePath; (ii) provide me with educational materials, information, and services related to the TREMFYA® Injection Training Support Program from Janssen CarePath and adherence to TREMFYA®; and (iii) to manage and improve the Injection Training Support Program. I also understand that information regarding my participation in the TREMFYA® Injection Training Support Program from Janssen CarePath will be shared with my prescribing physician. Furthermore, I understand that my protected health information will not be used or disclosed by Janssen Biotech for any other purpose unless permitted by law or unless information that specifically identifies me is removed. I understand that Janssen Biotech will make every effort to keep my information private. If my information is accidentally shared, federal privacy laws do not require that the person/party receiving it not disclose the information further. Information disclosed under these circumstances and provided to a third party may no longer be protected by federal privacy laws. For additional information on how Janssen Biotech collects, uses, and discloses personal information, visit www.janssen.com/us/privacy-policy.

I understand that I am not required to sign the TREMFYA® Injection Training Support Program Enrollment Form. My choice about whether to sign will not change the way my healthcare providers treat me. If I do not sign the TREMFYA® Injection Training Support Program Enrollment Form, or revoke my authorization later, I understand that this means I will not be able to participate in the TREMFYA® Injection Training Support Program from Janssen CarePath.

This authorization will last until I am no longer participating in the TREMFYA® Injection Training Support Program from Janssen CarePath. I understand that I may cancel this authorization at any time by mailing a letter requesting such cancellation to:

Program Coordinators from Janssen CarePath
500 Atrium Drive, 3rd Floor
Somerset, NJ 08873

I can also revoke my authorization by informing my healthcare providers in writing that I do not want them to share any information with Janssen Biotech, but this will not affect Janssen Biotech's ability to use and disclose protected health information that it has received prior to its receipt of notification that I wish to discontinue my participation in the TREMFYA® Injection Training Support Program from Janssen CarePath. My authorization will also end if the TREMFYA® Injection Training Support Program from Janssen CarePath is discontinued. Furthermore, I understand that I have the right to see or copy the protected health information my healthcare providers have given to Janssen Biotech.

Tremfya® (guselkumab)