

Thalidomide Celgene®
(thalidomide)
Patient Card

Patient Card for Thalidomide Celgene[®] (thalidomide)

Patient Initials:

Date of Birth:

Physician Name:

Physician Address:

Physician Phone number:

Physician to complete each section.

1. Indication:

2. Status of Patient (tick one)

• Male ☐

• Woman of non-childbearing potential* ☐

(*no Pregnancy Prevention Programme (PPP) monitoring required.)

• Woman of childbearing potential ** ☐

**Please also complete section 4.

3. Counselling regarding the expected human teratogenicity of Thalidomide Celgene[®] and the need to avoid pregnancy has been provided before first prescription.

Physician's signature

Date

Copy of Patient Card to be given to patient.

Thalidomide Celgene® Patient Card

4. For Woman of Childbearing potential

[illegible]

*Women of childbearing potential must have a medically supervised negative pregnancy test prior to issuing a prescription (with a minimum sensitivity of 25 mIU/ml) once she has been established on contraception for 4 weeks, at 4 weekly intervals during therapy (this includes dose interruptions) and 4 weeks after the end of therapy. This includes those women of childbearing potential who confirm absolute and continued abstinence. For further information, refer to the Summary of Product Characteristics.