Сору

JOB NO.	DESCRIPTION	DATE
HOSPUK1000:4	Infusion scheduler (2 versions depending on treatment)	08/08/13

[A6, 4pp leaflet]

[Version 1: 8 weekly treatment]

Front cover

[Headline]
INFLECTRA^{™▼} (infliximab):
Infusion Scheduler

[Subhead] 8 weekly treatment

Page 2 & 3 [double-page spread]

[Headline]

INFLECTRA[™] (infliximab) Infusion Scheduler

[checkboxes for 1st to 8th infusion, timeline underneath]

1st

Week 0

Date:

Brand Name:

Batch No:

2nd

Week 2

Date:

Brand Name:

Batch No:

3rd

Week 6

Date:

Brand Name:

Batch No:

[in timeline]

after 3rd infusion

4th

every 8 weeks

Date:

Brand Name:

Batch No:

5th

every 8 weeks

Date:

Brand Name:

Batch No:

6th

every 8 weeks

Date:

Brand Name:

Batch No:

7th

every 8 weeks

Date:

Brand Name:

Batch No:

8th

every 8 weeks

Date:

Brand Name:

Batch No:

If you forget or miss an appointment to receive INFLECTRA[™], make another appointment as soon as possible.

If you have any further questions on the use of INFLECTRA™, ask your doctor.

Back cover

Before treatment with INFLECTRA™:

• Tell your doctor if you have had treatment with infliximab in the past

During treatment with INFLECTRATM:

- Tell your doctor straight away if you have signs of an infection
- Signs include: fever, feeling tired, (persistent) cough, shortness of breath, weight loss, night sweats, diarrhoea, wounds, dental problems, burning sensation when passing urine or 'flu-like' signs

July 2013 EMEA/13/272

[Version 2: 6-8 weekly treatment]

Front cover

[Headline]
INFLECTRA[™] (infliximab):
Infusion Scheduler

[Subhead] **6-8 weekly treatment**

Page 2 & 3 [double-page spread]

[Headline]

INFLECTRA™ (infliximab) Infusion Scheduler

[checkboxes for 1st to 8th infusion, timeline underneath]

1st

Week 0

Date:

Brand Name:

Batch No:

2nd

Week 2

Date:

Brand Name:

Batch No:

3rd

Week 6

Date:

Brand Name:

Batch No:

[in timeline]

after 3rd infusion

4th

every 6-8 weeks

Date:

Brand Name:

Batch No:

5th

every 6-8 weeks

Date:

Brand Name:

Batch No:

6th

every 6-8 weeks

Date:

Brand Name:

Batch No:

7th

every 6-8 weeks

Date:

Brand Name:

Batch No:

8th

every 6-8 weeks

Date:

Brand Name:

Batch No:

If you forget or miss an appointment to receive INFLECTRATM, make another appointment as soon as possible.

If you have any further questions on the use of INFLECTRA™, ask your doctor.

Back cover

Before treatment with INFLECTRA™:

• Tell your doctor if you have had treatment with infliximab in the past

During treatment with INFLECTRATM:

- Tell your doctor straight away if you have signs of an infection
- Signs include: fever, feeling tired, (persistent) cough, shortness of breath, weight loss, night sweats, diarrhoea, wounds, dental problems, burning sensation when passing urine or 'flu-like' signs

July 2013 EMEA/13/273