



Vaccination Confirmation Form

Controlled Distribution of Fabhalta®

To comply with regulatory requirements, a unique patient ID must be obtained before starting treatment with Fabhalta. This ID can be obtained online at www.FABHALTA-ID.com or by submitting the completed form below. Please submit the form by email VCF@FABHALTA-ID.com

Our service provider will provide a unique ID for each patient that is specific to them. Please note this ID on the patient safety card and store it in your patient EMR. Furthermore, as the treating physician, you will receive an annual reminder to check the vaccination status of all your patients and initiate compulsory follow up vaccinations in accordance with national vaccination guidelines.

If you have any additional questions regarding the provision of patient-IDs, please seek assistance by email il.medinfo@novartis.com.

Confirmation of vaccination and/or antibiotic prophylaxis

Physician Details		Patient Details	
Name of Treating Physician		Initials (First Name / Last Name)	
Clinic / Practice		Day of Birth	
Address		Month of Birth	
Fax	E-Mail	New or existing patient	<input type="checkbox"/> New <input type="checkbox"/> Existing
Preferred Contact Route	<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax	Current Patient ID (for existing patients)	

With my legally valid signature, I confirm that:

- (1) The patient or his/her legal representative has been informed about the treatment with Fabhalta and all necessary information including the patient safety card has been handed will be handed to the patient before the treatment.
- (2) That the patient is vaccinated against N. meningitidis and S. pneumoniae in accordance with applicable national directives before starting treatment, and/or receive antibiotic prophylaxis until 2 weeks after vaccination.
- (3) If available, it is recommended to vaccinate against Haemophilus influenzae type B.
- (4) I am aware that a reminder is sent to me to the above contact details to remind on mandatory follow up vaccinations in accordance with national vaccination guidelines.

Signature		To be filled by Service Provider	
Date	Signature	Patient ID	Date

Please save this document with the Patient-ID and note this ID on the prescription and on the patient safety card. Please also hand over the brochure for Fabhalta to the patient.