

**PATIENT INFORMATION**

Initial order  Renewal/Update

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_  
 Health Card Number \_\_\_\_\_ Date of Birth: DD/MMM/YYYY Gender:  M  F  Prefer not to say  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Leave Message:  Yes  No  
 Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Leave Message:  Yes  No  
 Preferred Time to Call:  AM  PM  Evening Preferred Language:  English  French  Other: \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred Method of Communication:  Phone  Email

**PRESCRIPTION/ORDERING INFORMATION**

Patient Weight: \_\_\_\_\_  lbs  kgs Dose: \_\_\_\_\_ milligrams  Round up to full vial(s) (1000 mg per vial)  
 Administration:  intravenously, once weekly Dispense Quantity:  1 month  3 months  Other: \_\_\_\_\_ # of Repeats: \_\_\_\_\_  
 Other Instructions: \_\_\_\_\_  
 Indication:  Alpha1-antitrypsin deficiency (AATD)  \_\_\_\_\_  
 Current and/or Previous Therapies: \_\_\_\_\_  
**CBS Contract #:** \_\_\_\_\_  
 Has an order been sent to the blood bank?  Yes  No  
 If yes, which blood bank has the order been sent to? \_\_\_\_\_  
**Health Care Provider Signature:** \_\_\_\_\_ **Date:** DD/MMM/YYYY

**ONEPATH® PROGRAM SERVICES**

GLASSIA can be administered with help from a healthcare professional (i.e. Innomar Infusion nurse). GLASSIA can also be self-infused at home.\*  
 \*Self-Infusion: The decision whether a patient is suitable for self-administration is determined by the treating physician. First infusions should be administered under the supervision of a healthcare professional (i.e. Innomar infusion nurse). Appropriate training and support will be provided by the Program. It is recommended that a caregiver is present during training. **Please contact OnePath if/when self-infusion training is required.**

**PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_ License: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Office Contact Person: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 **Initials** By signing this form, I confirm that I have read, understood and agree to the terms and conditions of Takeda's Privacy Notice which can be viewed at <https://www.takeda.com/en-ca/takeda-com-privacy-policy/>. I further understand that I may withdraw my consent any time by contacting [privacyoffice@takeda.com](mailto:privacyoffice@takeda.com).

**PATIENT CONSENT**

I have read and understand the terms and conditions of this Consent and have agreed to enroll in the Program. By signing below, I hereby knowingly and voluntarily authorize the collection, use, disclosure and/or storage of my Health Information in connection with the Program in the manner described on page 2.

**Signature of Patient or Legal Representative(s)** \_\_\_\_\_

**Printed Name of Patient or Legal Representative(s)** \_\_\_\_\_ **Date:** DD/MMM/YYYY

**Relationship of Legal Representative(s) to Patient:** \_\_\_\_\_

**VERBAL CONSENT**

**IMPORTANT: If unable to obtain patient signature, please indicate that patient has provided consent**

Check here to acknowledge that verbal consent was obtained by the patient's health care provider.

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** DD/MMM/YYYY

Takeda Canada Inc. has contracted with an Administrator to provide the OnePath® Patient Support Program (the “Program”). As part of my enrolment in the Program, by signing the front of this form, I agree and consent to allow Takeda Canada Inc., the Administrator and Program Personnel to contact me and collect and use my Personal Information, including health information (see definitions below) to:

- Evaluate and help improve the services provided by the Administrator; improve clinical practice, health insurance reimbursement and program structures; conduct market, clinical and health utilization analysis;
- Contact me should I wish to acquire additional information relevant to my care, obtain additional services or information, respond to my inquiries, or resolve complaints or concerns or communicate with me as is otherwise required or permitted by law;
- Correlate with external healthcare databases; and
- Collect, use and disclose my Personal Information in accordance with terms and conditions of Takeda’s privacy notice, which can be viewed at <https://www.takeda.com/en-ca/takeda-com-privacy-policy/>.

I further understand that:

- My Healthcare Providers, the Administrator and the OnePath® Patient Support Program Personnel (“Program Personnel”) may collect, use, disclose amongst each other and store my Personal Information for the purposes of determining my eligibility for the Program, conducting Program related activities and delivering Program services to me;
- Program Personnel may contact me and leave messages for me regarding my Personal Information or any other information required for the administration of the Program;
- Program Personnel will not (i) collect, use, disclose or store my Personal Information for any activity other than the activities outlined above, or (ii) disclose my Personal Information to anyone other than my Healthcare Providers (including Takeda Canada Inc. and its employees), unless the Personal Information that identifies me is removed (for example, my name and address);
- I may withdraw my consent at any time by mailing, emailing or faxing a signed request to the Administrator at the fax number on the reverse of this form or to the Administrator at the address below. However, if I do so, I understand that some services may be affected due to the extent that such consent is necessary to provide such services including but not limited to reimbursement navigation and product delivery services. I understand that any information that does not identify me can still be collected, used, disclosed and stored even after I withdraw my consent and that any said withdrawal of consent shall be effective as of the date of withdrawal and not be retroactive;
- Except where prohibited by law, I may obtain a copy of my Personal Information and may correct any errors and/or direct any questions regarding the collection, use, disclosure and storage of my Personal Information to the Administrator at the address below;
- Telephone calls to or from the Administrator in the course of its administration of the OnePath® Patient Support Program may be monitored or recorded for the mutual protection of me and the Administrator;
- My Personal Information may be collected, used, disclosed and/or stored outside of my province or territory or country, and that the laws of those countries regarding privacy may be less stringent than the laws of Canada and its provinces; and
- I am entitled to a copy of this document.

By signing the front of this form, I acknowledge that I have read, understand and agree to these terms.

**Administrator** is one or more entities that run and administer all or part of the Program including Innomar Strategies Inc., located at 3470 Superior Court, Oakville, Ontario, Canada, L6L 0C4, and its affiliates or AmerisourceBergen Specialty Group Canada Inc., located at 4707 Levy, St-Laurent, Quebec, Canada, H4R 2P9, and its affiliates, and/or other third parties. I understand that the Administrator(s) may change without notice and I agree that the consent I provide herein shall also apply to any other Program Administrator(s).

**Personal Information** includes, without limitation, my Personal Information (name, address, phone number, date of birth, financial information, etc.) and personal health information (medical history, medical condition[s], information relating to my treatment, information relating to my health insurance, etc.).

**Healthcare Providers** includes, without limitation, my doctors, nurses, pharmacists and health insurer(s).

**OnePath® Patient Support Program Personnel** include the OnePath® Care Managers and employees and consultants of the Administrator.

I consent to the receipt of electronic communications including email and text message from Takeda Canada Inc., the Administrator, and Program Personnel, for the purposes of determining my eligibility for the Program, conducting Program-related activities and in the delivery of Program services to me and for the purposes I have consented to above regarding the collection, use and disclosure of my Personal Information. Email communications may be sent to the address I have provided and text messages may be sent to the telephone number I have provided. Standard data or message rates may apply; consult your carrier for details. I understand I can withdraw my consent at any time.



**Enrolment and Consent Form**

**Tel: 1-844-691-7284 Fax: 1-844-951-7284**

**Email: support@onepathprogram.ca**