

Pr ICLUSIG™ Ponatinib Tablets, 15 mg and 45 mg (as ponatinib hydrochloride)

Patient Informed Consent Form

PATIENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Birthdate (MM/DD/YYYY): _____ Gender: Male Female

PATIENT AGREEMENT

By signing this form I agree that:

1. I have been informed of the potential risks and benefits of ICLUSIG treatment and availability of alternative therapies.
2. I have received the ICLUSIG Medication Guide and was given an opportunity to read it.
3. I understand that ICLUSIG may cause serious side effects which can be life-threatening.
4. I understand that ICLUSIG may cause blood clots in my blood vessels (arteries and veins) including stroke.
5. I understand that ICLUSIG may cause my heart to pump less efficiently (heart failure).
6. I have discussed my previous medical history with my doctor (including any previous heart problems, history of high blood pressure and alcohol consumption).
7. My doctor may monitor me for symptoms of blood clots and heart problems.
8. I understand how to identify symptoms of blood clots and heart problems and will contact my doctor right away, or get other medical help if these symptoms occur.
9. I understand that I should not modify the dose or stop using ICLUSIG without talking to my doctor first.
10. I will receive my personal ICLUSIG Patient Wallet Card from my pharmacist that I will carry with me at all times.
11. I have had the opportunity to have all of my questions about ICLUSIG answered to my satisfaction.

Signature of Patient: _____ Date (MM/DD/YYYY): _____

If patient cannot sign, patient's legally authorized representative must sign.

Printed Legally Authorized Representative Name: _____

TO BE COMPLETED BY THE PRESCRIBER

I am a physician certified with the ICLUSIG Controlled Distribution Program. I have provided and reviewed with this patient, or his/her authorized representative, the ICLUSIG Medication Guide.

Prescriber Signature: _____ Date (MM/DD/YYYY): _____

Please provide a signed copy of this form to the patient, and maintain a signed copy in the patient's medical records.