LITFULO™ REFERRAL FORM

Please complete this form and email it to **Litfulo@srxhealth.ca** or fax it to **1-866-640-1749**

PATIENT DETAILS				
FIRST NAME		**LAST NAME**		
DATE OF BIRTH		**HEALTH CARD #**		
PHONE NUMBER		**FAMILY DOCTOR NAME & PHONE**		
ADDRESS		**CITY**	**PROVINCE**	**POSTAL CODE**

PRESCRIPTION DETAILS	
MEDICATION	☐ **LITFULO™ (ritlecitinib)** 50 mg PO once daily
DURATION	☐ 6 months ☐ 12 months ☐ Other: _____
TB SKIN TESTING	☐ Required ☐ Not Required ☐ Completed Date (dd/mm/yyyy): _____ Result: _____
2 DOSE SHINGRIX REQUIRED	☐ Yes ☐ No ☐ Completed
Disclaimer: This is not an exhaustive list of required tests and vaccinations prior to starting therapy. Please refer to the Product Monograph for complete information.	
PATIENT IS MEDICALLY CLEARED TO START THERAPY	☐ Yes ☐ No
COMMENTS	

I hereby acknowledge that I am the patient's attending physician. This prescription represents the original prescription drug order.

PHYSICIAN NAME	LICENSE #	SIGNATURE	DATE

PATIENT CONSENT			
I acknowledge that I have read the SRx Health Solutions Inc. Consent Information and Disclosure (see reverse), and that I consent to the collection, use, and disclosure of my personal information in accordance with these terms. Patient signature and date required for consent to be valid.			
PATIENT SIGNATURE		**DATE** (dd/mm/yyyy)	
NAME OF PATIENT CAREGIVER/LEGAL GUARDIAN (if patient is under 18 years old)		**RELATIONSHIP TO PATIENT**	
SIGNATURE		**DATE** (dd/mm/yyyy)	

SRx CLINICS

LITFULO™ REFERRAL FORM

SRX HEALTH SOLUTIONS INC. PATIENT SUPPORT PROGRAM PERSONAL INFORMATION CONSENT FORM

BACKGROUND:
The SRx Health Solutions Inc. ("SRx") patient support program (the "Program") is independently run and administered by SRx. and its affiliates (collectively, the "Administrator"). The Program includes support services for patients who have been prescribed the Program medication, which services include reimbursement assistance, pharmacy services, clinic services (including self injection training) and, with your consent, limited market research activities (for example, conducting surveys on your experience with the Program). The Administrator's collection, use, access, and disclosure of your Personal Information shall at all times be in compliance with the SRx Privacy Policy found at https://srxhealth.ca/external-privacy-policy and all applicable privacy laws.

DEFINITIONS:
For greater certainty, for the purposes of this consent form ("Consent"), the following terms have the following meanings:

"Personal Information" means, without limitation, your 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.).

"Health Care Providers" means, without limitation, your doctors, nurses, pharmacists and health insurer(s).

"Program Personnel" means, without limitation, any personnel of the Administrator or Health Care Providers assisting with the Program.

CONSENT:
Correspondingly, as part of my enrolment into the Program, I the undersigned acknowledge, agree and consent to the following:

- My Healthcare Provider, the Administrator and Program Personnel may collect, use, disclose 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 leaves messages for me regarding my Personal Information or any other information required for the administration of the Program;
- Program Personnel may contact me for market research purposes in relation to 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, unless such Personal Information has been anonymized and/or aggregated such that is it no longer identifiable;
- I may withdraw my consent to any or all of the above at any time by sending a signed request to the Administrator by any of the following methods: by e-mail to psp@srxhealth.ca or by phone to 1-844-577-9779. However, if I do so, I understand that some of the Program 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 request the correction of any errors and/or direct any questions regarding the collection, use, disclosure and storage of my Personal Information to the Administrator by e-mail or by fax;
- Telephone calls to or from the Administrator in the course of its administration of my patient health file may be monitored or recorded for quality management purposes and to ensure compliance with this Consent;
- I consent to the receipt of electronic communications including email and text message from the Administrator and Program Personnel for the purposes of 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 if I have provided one and text messages may be sent to the telephone number I have provided. I understand that standard data or message rates may apply. I understand I can withdraw my consent at any time for email and text communications; and
- I am entitled to a written copy of this consent.

I have read and understood this Consent and, having had an opportunity to seek independent legal advice, hereby voluntarily accept the terms and conditions described above.

SRx CLINICS