

1. COMPLETE THE FORM BELOW



XEMBIFY CONNEXIONS PATIENT CONSENT FORM

Thank you for your interest in the Xembify Connexions Program for ongoing financial and dedicated medical support. In order to enroll, please complete and return this form by mail or fax. We are here to support you every step of the way.

YOUR INFORMATION:				
Name:		Date of birth:		
(First name, Middle initial, Last name)			(mm/dd/yyyy)	
Parent or guardian name (if p	patient is under age 18 years)	:		
Address:	City:	State	ZIP:	
Phone:	Ema	il:		
I am a: Patient C	aregiver Other			
and health information about meethat once my information is share information and to use and share with sharing my information with organizations about my disease omy eligibility for assistance progr. (including text and voicemail); and the date signed below unless a shat any time by calling 1-844-MYXE XEMBIFY CONNEXIONS PA By checking this box, I agree to information to receive product, d	ize my healthcare providers, phare related to my Grifols therapies ("ed with Grifols, my information me it only for the reasons listed below Grifols as allowed under this Autor treatment; (2) confirm my healt ams; (3) analyze data to improve so the confirming of the confirming and the latest provided by the latest provided by the latest period is required by the latest period in an optional disease-registers.	macies, health plans, or payers ("my healthd my information") with Grifols, its affiliates, a ay not be protected by federal health privac w. I understand that my pharmacy may rec morization. I authorize Grifols to: (1) contact in plan eligibility and benefits, identify other ervices related to my disease; (4) contact m afety reasons or as required by law. This Au w of my state of residence. I may discuss the o Xembify Connexions to PO Box 31137, Bet M ENROLLMENT: lated support program. I agree to give Grifo ormation from Grifols, and service providers will use and protect your personal information	gents, and contractors. I understand y laws. Grifols agrees to protect my eive compensation in connection me, my caregiver, or my healthcare payers for my therapy, or determine e by e-mail, mail, or telephone thorization will expire 5 years from e scope of my authorization or cancel thesda, MD 20824.	
Patient First and Last Name	e (print):			
PATIENT SIGNATURE:			Date:	
Patient Caregiver (name and	l relationship):			
*CAREGIVER SIGNATURE:			Date:	
	*Parent or guardian must sign	n if patient is below 18 years of age.		
2. RETURN COMPLETED FORM		QUESTIONS & ADDITIONAL	QUESTIONS & ADDITIONAL INFORMATION	
Mail Xembify Connexions PO Box 31137 Bethesda, MD 20824	Fax 1-877-375-0758	Questions Call 1-844-MYXEMBIFY (1-844-699-3624) or visit www.xembify.com to access Xembify Connexions tools and resources	Forms If needed, download additional forms at www.xembify.com	

You may make changes to communication preferences or cancel your enrollment in this program at any time by calling 1-844-MYXEMBIFY (1-844-699-3624).

Please see Important Safety Information on the reverse side and see accompanying full Prescribing Information for XEMBIFY® (immune globulin subcutaneous human-klhw).





What is XEMBIFY®?

XEMBIFY® (immune globulin subcutaneous human–klhw) is a 20% immune globulin used in the treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older. XEMBIFY is for subcutaneous (Sub-Q) administration only.

Important Safety Information

WARNING: THROMBOSIS

- Thrombosis (formation of blood clots within blood vessels) may occur with immune globulin products, including XEMBIFY. Before you take XEMBIFY, talk to your doctor if you:
 - Are older
 - Are sedentary (need to lay down or sit down) for long periods of time
 - Are taking estrogen-containing medicines (birth control pills, hormone replacement therapy)
 - Have a permanent intravenous (IV) catheter
 - Have hyperviscosity of the blood (diseases such as multiple myeloma or other causes of elevated proteins in the blood)
 - Have cardiovascular (heart) problems or previous history of stroke
 - Thrombosis may occur even if you don't have any risk factors.
 - If you are at risk of thrombosis, your doctor may prescribe XEMBIFY at the minimum dose and infusion rate. Make sure you drink plenty of fluid before taking XEMBIFY. Make sure your doctor is checking you regularly for signs and symptoms of thrombosis and is checking your blood viscosity if you are at risk of hyperviscosity.

Who should not use XEMBIFY?

 XEMBIFY should not be used if you have had a severe allergic reaction to human immune globulin, or if you have been told by a doctor that you are IgA deficient and have developed antibodies to IgA and hypersensitivity after exposure to a previous plasma product.

What are possible serious side effects of XEMBIFY?

- Hypersensitivity. Severe allergic reactions may occur with immune globulin products, including XEMBIFY. If you have a severe allergic reaction, stop the infusion immediately and get medical attention. XEMBIFY contains IgA. If you have known antibodies to IgA, you may have a greater risk of developing potentially severe allergic reactions.
- Aseptic meningitis syndrome (AMS). Aseptic meningitis is a non-infectious inflammation of the meninges which cover the brain. It causes a severe headache syndrome which may occur with human immune globulin treatment, including XEMBIFY. If you are showing signs and symptoms of AMS, your doctor may conduct a thorough neurological evaluation including spinal

tap (sampling fluid which surrounds the spinal cord) to rule out other causes of meningitis. Stopping human immune globulin treatment has resulted in the end of signs and symptoms within several days. Treatment may include analgesics (pain medicines) and/or a special procedure known as a "blood patch" to stop headache.

- Kidney problems or failure. Kidney problems or failure may occur with use of human immune globulin products, especially those containing sucrose (sugar). XEMBIFY does not contain sucrose. If you have kidney disease or diabetes with kidney involvement, your doctor should perform a blood test to assess your hydration level and kidney function before beginning immune globulin treatment and at appropriate intervals thereafter. If your doctor determines that kidney function is worsening, your doctor may discontinue treatment.
- Hemolysis. Your doctor should monitor you for symptoms of hemolysis (destruction of red blood cells causing anemia, or low red blood cell count). If your doctor suspects hemolysis, your doctor should perform additional tests to confirm.
- Transfusion-related acute lung injury (TRALI). TRALI is a rare but serious syndrome characterized by sudden acute respiratory distress following transfusion. If your doctor suspects TRALI, your doctor will monitor you for any other lung issues. TRALI may be managed with oxygen therapy.
- Transmissible infectious agents. Because XEMBIFY is made from human blood, it may carry a risk of transmitting infectious agents such as viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. No cases of transmission of viral diseases or CJD have been associated with the use of XEMBIFY.
- Interference with lab tests. Because XEMBIFY contains a
 variety of antibodies, blood tests to determine antibody levels
 may be falsely elevated. Be sure to tell your doctor or lab
 technician that you are using XEMBIFY.

What are other possible side effects of XEMBIFY?

- In clinical studies of XEMBIFY, some patients experienced local side effects (at the injection site) including pain, redness, puffiness, bruising, nodules, itching, firmness, scabbing and swelling at the site on the skin where the injection occurred.
 Some patients experienced non-injection site side effects including cough and diarrhea.
- Use of XEMBIFY may interfere with the immune response to virus vaccines, such as vaccines for measles, mumps, rubella and varicella. Tell your doctor you are taking XEMBIFY before getting vaccinations.

Please see accompanying full Prescribing Information for XEMBIFY.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

