

Home Delivery Program Enrolment Form

This form is provided as part of the enrolment process into the Sanofi Genzyme Home Delivery Program allowing participants to receive haemophilia factor replacement treatments at home. The form is intended to be completed by HTC staff in conjunction with the participant. Personal information collected in the completion of this document is controlled under the Sanofi Genzyme Privacy Policy and in accordance with the Privacy Act 1988 (Cth). Further information relating to this is specified at the end of this form.

Participant's Haemophilia Treatment Centre (HTC) details		
HTC:	Account:	State:
Primary contact:	Other contact:	
Email:	Phone:	Fax:
Ongoing participant contact method: <input type="checkbox"/> By HTC <input type="checkbox"/> By Sanofi Genzyme Customer Service		

Participant details (indicate prime contact <input type="checkbox"/>)	
<input type="checkbox"/> Name:	Preferred name:
<input type="checkbox"/> Parent/guardian's name*:	Preferred name:
Mobile Number:	Email:

* Parent/guardian details must be included for participants who are under 18 or have a legal guardian.

Delivery address		
Street address:		
Suburb:	State:	Post code:

Secondary delivery address (should primary address be inaccessible)		
Street address:		
Suburb:	State:	Post code:

Additional authorised recipients of deliveries (Include preferred name to sign for deliveries)	
1. Name:	Preferred name:
2. Name:	Preferred name:
3. Name:	Preferred name:

Delivery details (Please select your preferred delivery window)				
Tuesday	<input type="checkbox"/> 8am-12pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 6pm-8pm (Metro only)
Wednesday	<input type="checkbox"/> 8am-12pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 6pm-8pm (Metro only)
Thursday	<input type="checkbox"/> 8am-12pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 6pm-8pm (Metro only)
Friday	<input type="checkbox"/> 8am-12pm	<input type="checkbox"/> 10am-2pm	<input type="checkbox"/> 12pm-4pm	
Prophylaxis delivery schedule (days):	<input type="checkbox"/> 28	<input type="checkbox"/> 56	<input type="checkbox"/> 84	<input type="checkbox"/> 112
First delivery date*:				
Special delivery instructions^:				

* Please allow 72 hours from enrolment to first delivery

^ Please note here if the delivery address has secured access and any associated instructions

Maximum home inventory (Completed by HTC)							
Product & Vial Size	Product ID	Number of vials		Product & Vial Size	Product ID	Number of vials	
ALPROLIX 250 IU	350470			ELOCTATE 250 IU	350475		
ALPROLIX 500 IU	350471			ELOCTATE 500 IU	350476		
ALPROLIX 1000 IU	350472			ELOCTATE 1000 IU	350477		
ALPROLIX 2000 IU	350473			ELOCTATE 2000 IU	350478		
ALPROLIX 3000 IU	350474			ELOCTATE 3000 IU	350479		
ALPROLIX 4000 IU	350729			Total:			
Total:				10 ML SYRINGE LUER LOCK	2187331	Qty (eaches):	
SCALP VEIN SET 23 G	1498499	Qty (eaches):		Signature:		Date:	
SCALP VEIN SET 25 G	1498508	Qty (eaches):					
HTC Authorisation:							

Patient support packs			
Where would you like a Patient Support Pack sent?:		<input type="checkbox"/> To HTC	<input type="checkbox"/> Direct to patient
ALPROLIX:	<input type="checkbox"/> Infant	<input type="checkbox"/> Child	<input type="checkbox"/> Adult
ELOCTATE:	<input type="checkbox"/> Infant	<input type="checkbox"/> Child	<input type="checkbox"/> Adult

Requirements of participation in the Sanofi Genzyme Home Delivery Program

- Participants in the Sanofi Genzyme Home Delivery Program are required to complete and send this form to Sanofi Genzyme. A participant will only be enrolled once a completed form is received by Sanofi Genzyme Home Delivery Program Customer Service.
- The participant, or participant’s parent/guardian are required to promptly respond to phone calls from Sanofi Genzyme Home Delivery Program Customer Service requesting confirmation of delivery and orders.
- Participants are required to perform an in-home stock take considering product quantity and vial size. Any questions regarding treatment should be directed to your HTC.
- The participant or an Authorised Receiver is required to be present at the nominated Delivery Address at the time specified in the Delivery Details shown on this form.
- If your Delivery Address has secured access, please ensure the delivery courier can access the property at the time of delivery.
- For each delivery, the participant or an Authorised Receiver should check the following; the temperature monitor reads “OK” and the correct product and quantity has been received in good condition.
- The Participant or an Authorised Receiver is required to sign the Point of Delivery (POD) mechanism at the time of delivery once the delivered goods have been accepted.
- All queries including those in relation to your medication and treatment, and participation in the program, should be directed to your HTC.

Participant (and/or participant’s guardian where applicable) hereby gives **consent** for:

- the above referenced Health Care Provider(s) to discuss with Sanofi Genzyme Australia Pty Ltd, its affiliates and agents (including DHL Customer Service), employees and representatives, and the National Blood Authority (NBA) any and all information involving the packaging, storage and delivery of participant’s haemophilia treatment medicine;
- the collection, use, disclosure and handling of the participant’s personal information (including sensitive information) as set out in the Privacy Statement below; and
- the participant to be contacted using the telephone, SMS, email and/or postal mail contact details provided on this form in connection with their participation in the Program.

Participant (or participant’s guardian) acknowledges that in the course of discussion about, application for and participation in the Sanofi Genzyme Haemophilia Home Delivery Program, participant’s personal medical information may be disclosed to Sanofi Genzyme and to the NBA and hereby expressly consent to this disclosure.

By signing this Consent Form, the participant (or participant’s guardian) acknowledge that they have read and understand the terms and requirements of the Sanofi Genzyme Home Delivery Program and that they have read the privacy statement below and expressly agree to its provisions for the collection and storage of this patient information.

Signature of participant*:	Date:
Signature of parent/guardian*:	Date:
Signature of HTC representative:	Date:

Customer Care Reference Number (Office Use Only):

*Note: if the participant is under 18 or has a guardian, the participant’s parent/guardian (as relevant) must sign this form for it to be valid. If the participant is physically unable to sign due to age or disability, the form can be accepted if the participant’s parent/guardian has signed.



Data Collection

As part of the process for enrolment into the Sanofi Genzyme Home Delivery program it is necessary for the company to collect and hold data specific to your individual status. In part, this data enables appropriate implementation of the Home Delivery service. There are also additional elements that support the organisation in two aspects:

- To identify specific patient groups for provision of tailored education and support materials regarding transition from various treatment regimens and to further the quality use of medicines.
- To allow generation of aggregated patient data to support accurate demand forecasting for the Australian market and assist us in maintaining continuity of supply.

For any commercial purposes relating to tailored support programs and demand forecasting patient data will be de-identified and aggregated in a format that negates any access to your own specific information. In addition, data collected will be done so in accordance with the Australian Privacy Principles and Sanofi Genzyme's own Data Privacy policy. Information regarding the Sanofi Genzyme Data Privacy Policy is provided via a link at the end of this document & we encourage patients and HTC staff to review these.

Privacy Statement

Sanofi is bound by the Australian Privacy principles and will store your personal details securely and to the extent required by the Privacy Act 1988 (Cth). Any personal information you provide will be used only for purposes related to that activity. You have the right to access, update or correct your Personal Information, and you can opt out of receiving correspondence from us at any time.

To find out how and for further information on our Privacy Policy, please visit www.sanofi.com.au/privacy or contact our Privacy Officer via email: privacyofficer.australia@sanofi.com, or by writing to: Privacy Officer, Sanofi, Talavera Corporate Centre Building D, 12-24 Talavera Road, Macquarie Park, NSW 2113.

The NBA's privacy policy is available at <http://www/blood.gov.au/privacy> and sets out details of how you can access, correct or complain about the handling of your personal information held by the NBA, and how the NBA will respond to your requests or complaints.

Please email this completed form to sanofi@dhl.com or fax to 1800 161 250