

PATIENT ALERT CARD **Have This Card With You At All Times**

My name is: _____

I have been treated with **Kymriah**, an immunocellular therapy containing genetically modified autologous T cells.

Batch ID: _____

Date of treatment: _____

Kymriah treating physician's name and contact details: _____

Before providing any treatment, please call my treating physician at the number above.

Study the PIL before beginning use of the product.

When reporting possible side effects, please include the individual Batch ID printed above.

I should not donate blood, organs, tissues or cells.

INFORMATION FOR THE HEALTHCARE PROVIDER

This patient has received **Kymriah (tisagenlecleucel)**, an autologous CAR-T cell therapy. This patient should not donate blood, organs, tissues or cells.

Before providing any treatment, call the treating physician at the number on the front of the card.

When reporting possible side effects, please include the individual Batch ID printed on the front of this card.

Adverse reactions may be reported to the Ministry of Health by means of the online form for reporting adverse reactions located at: <https://sideeffects.health.gov.il>

You may also report to the Registration Holder Novartis Israel LTD. at: safetydesk.israel@novartis.com

This document has been determined by the Ministry of Health and the content therefore has been checked and approved on March 2022.