

Other Information

Patient's Name

Doctor's Name:

Doctor's Phone:

Date of preparation: October 2024

EM-16376Z



Patient Reminder Card

Please make sure you also have a list of all other medicines that you are using with you at any visit to a healthcare professional.

Keep this card with you for 4 months after your last dose of Remicade, or in case of pregnancy for 12 months after the birth of your baby. Side effects may occur a long time after your last dose.



This Patient Reminder Card contains important safety information that you need to be aware of before and during treatment with Remicade.

Show this card to any doctor involved in your treatment.

Please read the Remicade 'Package Leaflet' carefully before you start using this medicine.

Date of Remicade therapy initiation:

It is important that you and your doctor record the brand name and batch number of your medicine.

Infections

Before treatment with Remicade

- Tell your doctor if you have an infection even if it is a very minor one
- It is very important that you tell your doctor if you have ever had TB, or if you have been in close contact with someone who has had TB. Your doctor will test you to see if you have TB. Ask your doctor to record the type and date of your last screening(s) for TB on the card
- Tell your doctor if you have hepatitis B or if you know or suspect you are a carrier of the hepatitis B virus.

During treatment with Remicade

- Tell your doctor straight away if you have signs of an infection. Signs include a fever, feeling tired, (persistent) cough, shortness of breath, weight loss, night sweats, diarrhoea, wounds, dental problems, burning when urinating or 'flu like' signs.

Pregnancy, Breast-feeding and Vaccinations

- In case you have received Remicade while you were pregnant or if you are breast-feeding, it is important that you inform your baby's doctor about it before your baby receives any vaccine. Your baby should not receive a 'live vaccine', such as BCG (used to prevent tuberculosis) within 12 months after birth or while you are breast-feeding, unless your baby's doctor recommends otherwise.

Current administrations:

Ask your doctor to record the type and date of last screening(s) for tuberculosis (TB) below:

Test: _____ Test: _____

Date: _____ Date: _____

Result: _____ Result: _____

Please make sure you also have a list of all other medicines that you are using with you at any visit to a healthcare professional.

List of allergies: _____

List of other medicines: _____

