





I have been informed about the thromboembolic risk and possible requirement to take thromboprophylaxis during treatment with lenalidomide.	Patient Initials
I understand that my prescriber will send or may provide me with a completed 'Prescription Authorisation Form' with each lenalidomide prescription for the pharmacy.	Patient Initials
I understand that the 'Prescription Authorisation Form' contains non identifiable information about me, which will ensure lenalidomide is dispensed safely. This information may be used by the Marketing Authorisation Holder and the distributor for the product I receive and the Health Products Regulatory Authority (HPRA) to evaluate the safe use of lenalidomide.	Patient Initials

**Patient Confirmation**

I confirm that I understand and will comply with the requirements of the Lenalidomide Pregnancy Prevention Programme, and I agree that my prescriber can initiate my treatment with lenalidomide.

Your personal data is used solely for the purpose of entering you into the Lenalidomide Pregnancy Prevention Programme and is processed by the marketing authorisation holder (MAH) of the lenalidomide product you receive, its third party service providers and any worldwide Affiliates the MAH may have, for the purposes of compliance with the Risk Management Plan legal obligations and for storage purposes. Third party service providers include, for example, the distributor of the lenalidomide product you receive.

Your pharmacist can confirm the details of the MAH for the lenalidomide product you are given and this will also be mentioned on the packaging and package leaflet. Queries on how your personal data will be processed can be directed to the MAH in question, by consulting their publicly available information (e.g. on their website) which details how they process your personal data and provides a contact point for any queries in relation to their use of your personal data.

Patient Signature		Date	DD	MM	YYYY
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**Statement of the interpreter (Where Appropriate)**

I have interpreted the information above to the patient/parent/carer to the best of my ability and in a way in which I believe she/he/they can understand. She/he/they agree to follow the necessary precautions to prevent an unborn child being exposed to lenalidomide.

Signed:		Name: (Print)		Date	DD	MM	YYYY
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**Important Safety Information:**

This is risk minimisation material and is provided as a collaborative project between Accord Healthcare Ireland Ltd., Clonmel Healthcare Ltd. Rowex Ltd and Teva Pharmaceuticals Ireland. For further information, please refer to the Summary of Product Characteristics (SmPC) for the respective medicinal product from the relevant Marketing Authorisation Holder available at [www.hpra.ie](http://www.hpra.ie)

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