Patient Card for Lenamid (Lenalidomide)



Patient Initials:	Date of Birth:						
Physician Name:	Physician Address:						
Physician Phone number:							
Physician to complete each section (Consultants ONLY).							
1. Indication: Multiple Myeloma:	py: Line of therapy:						
Myelodysplastic Syndromes with isolated del(5q) cytogenetic abnormality:							
□ Low □ Intermediate-1 risk	□ Other: Specify:						
2. Status of Patient (tick one): Male Woman of non-ch * no Pregnancy Prevention Programme (PPP) monitoring required	nildbearing potential *						
3. Counselling regarding the expected human teratogenicity of Lenalidomide and the need to avoid pregnancy has been provided before first prescription.							
Physician's signature	Date						
Copy of Patient Card to be given to patient.							
4 For Warran of Childhagring natarities							

4. For Woman of Childbearing potential

Date of visit	Patient is using one effective method of contraception (Yes/No)	Date of NEGATIVE pregnancy test (IF APPLICABLE)	Confirmed no risk of pregnancy (PLEASE TICK)	Date of Lenalidomide prescription	Physician signature	Dispensed by	Dispensed date

*Women of childbearing potential must have a medically supervised negative pregnancy test prior to issuing a prescription (with a minimum sensitivity of 25 mlU/ml) once she has been established on contraception for 4 weeks, at 4 weekly intervals during therapy (this includes dose interruptions) and 4 weeks after the end of therapy (unless confirmed tubal sterilisation). This includes those women of childbearing potential who confirm absolute and continued abstinence. For further information, refer to the Summary of Product Characteristics.