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

My name is: _____

I have been treated with KYMRIAH, an immunocelluar 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 doctor at the number above. When reporting possible side effects, please include the individual Batch ID printed above. I should not donate blood, organs, tissues, or cells.

KYMRIAH®
(tisagenlecleucel) Dispersion for IV infusion

Patient Information

Kymriah may cause side effects that are severe or life-threatening.

Tell your doctor immediately or go to the hospital's emergency department if you experience any of the following side effects:

- Difficulty breathing
- Fever (38°C or higher)
- Chills or shivering
- Confusion
- Headache
- Severe nausea, vomiting, diarrhoea
- Severe muscle or joint pain
- Very low blood pressure
- Dizziness or lightheadedness

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INFORMATION FOR THE HEALTHCARE PROVIDER

Healthcare professionals are encouraged to report serious adverse events related to the use of Kymriah to Novartis at https://www.novartis.com/report
or by calling Novartis at 6722 6409, or to the local Health Authority at Vigilance and Compliance Branch, Health Products Regulation Group, Health Sciences Authority at Tel: 6866 1111, or report online at https://www.hsa.gov.sg/adverse-events.

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

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INFORMATION FOR THE HEALTHCARE PROVIDER

This patient has received KYMRIAH (tisagenlecleucel), an autologous CAR-T cell therapy. Following Kymriah treatment, cytokine release syndrome can happen. It may include neurological toxicities. Treatment with Kymriah may result in a false-positive HIV test result. 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.

NOVARTIS

Novartis Singapore Pte Ltd
20 Pasir Panjang, #10-25/28 Mapletree Business City, Singapore 117439

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This document has been approved by HSA as of 04-01-2023.