

THE XERMELO PATIENT SUPPORT PROGRAM is a patient support program that provides services to patients for whom XERMELO therapy has been prescribed.

Consent to disclosure and use of personal information/personal health information

The Xermelo Patient Support Program ("Program") is sponsored by SERB SAS, managed by Methapharm Inc., and administered by Bayshore Specialty Rx, Ltd. ("Service Provider"). By signing this enrolment form, you agree to enroll in the Program and consent to being contacted by the Service Provider in connection with the administration of the Program services.

You acknowledge that the Service Provider may require your personal information, including personal health information ("Personal Information"), to administer the Program and may contact you, your physician or other healthcare professional for this purpose. You authorize your physician or other healthcare professional to disclose Personal Information to the Service Provider and agree that this authorization includes any initial disclosure of Personal Information on enrolment in the Program as well as ongoing communication between your physician and the Service Provider during the course of your participation in the Program. You acknowledge that over the course of your participation in the Program, the Service Provider may disclose Personal Information to your physician or other healthcare professional relating to the services you receive under the Program, including the results of surveys and/or health- or treatment-related information.

You authorize the Service Provider to collect your Personal Information or data relating to you and to disclose these information that may be de-identified, anonymized or aggregated to SERB SAS and its service providers to report on, assess, audit, monitor, improve and/or evaluate the Program. It may also be used for research, education, business analytics, marketing, forecasting, publication, to identify trends such as product utilization, adherence, and outcomes.

By signing this form, you confirm that you have read the Program patient consent information, that you have had the opportunity to ask your physician and/or other healthcare professional any questions you may have about the Program, and that all questions you have asked have been answered to your satisfaction.

Disclosure

By signing this form, you also confirm your understanding of and consent to the following:

From time to time, the Program may be required to disclose your Personal Information to third parties. For example, Personal Information regarding drug-related adverse events may be collected by the Service Provider or an agent of SERB SAS and submitted to Health Canada, a regulatory authority that is involved in collecting reports of drug-related adverse events. However, the information provided will not disclose your identity but will include details such as your initials, your date of birth, your age, weight, height and other relevant incidental information, and any suspected adverse event you may have experienced. You consent to being contacted by the Service Provider or an agent of SERB SAS to obtain further information or clarification regarding any adverse event you may experience. Similarly, you consent to the Service Provider or an agent of SERB SAS contacting your physician or other healthcare professional for the same purpose.

Some of the third parties to whom your Personal Information may be disclosed may not be located in Canada, so your Personal

Information may be transmitted and/or stored outside of Canada. Examples of such third parties may include pharmacies, insurance companies or publicly-funded drug payment programs.

Your Personal Information will be stored securely and confidentially, with access to your Personal Information restricted to authorized personnel. Safeguards will be used to protect your Personal Information against unauthorized access, disclosure and use.

To the extent that the Program provides you with assistance in obtaining coverage or reimbursement for the acquisition cost of XERMELO from your provincial drug benefits program, insurance company or other funding source, the Program will make all reasonable efforts but cannot guarantee success in obtaining such coverage or reimbursement.

Changes to the Program

You understand and agree that SERB SAS may, at any time and without advance notice, modify the services provided by the Program, modify the eligibility requirements to obtain such services, discontinue the Program in whole or in part, and terminate assistance provided under the Program.

From time to time, SERB SAS may appoint another service provider to assist in the administration of the Program. You authorize SERB SAS or Service Provider to transfer your Personal Information and your Program history to a new service provider selected by SERB SAS in relation to the administration of the Program.

Consent to be contacted

In addition to the possibility of being contacted as described above, and on the front of this form, you also agree that you may be contacted by the Service Provider or an agent of SERB SAS for the purpose of customer satisfaction surveys with respect to the Program, and you consent to your contact details being provided to SERB SAS' agent for this purpose.

Requesting access and withdrawing consent

You have the right to revoke your consent at any time or request access to and/or correct the Personal Information that the Service Provider, SERB SAS or SERB SAS' agent have on file about you and to obtain information on how the Personal Information has been used, subject to any legal restrictions. To revoke consent or request access, you can contact the Program at 1-877-318-4462 or Service Provider at the following address: Bayshore Specialty Rx Ltd. 2101 Hadwen Road, Mississauga, ON L5K 2L3. You understand that your Personal Information already collected and/or disclosed before you revoked consent will be retained. You understand that XERMELO is a specialty product and is only available through the specialty pharmacy operated by the Service Provider on behalf of the Program. You do not have to consent to this authorization; however, your participation in this Program is required for you to have access to XERMELO. If you chose not to consent, or if you revoke your consent at a later time and thereby withdraw from the Program, you will not be entitled to the services offered by the Program.