This document has been approved by Saudi Food and Drug Authority (SFDA).

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

My name is: _____

I have been treated with KYMRIAH, an immunocellular 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 physician 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

INFORMATION FOR THE HEALTHCARE PROVIDER

This patient has received KYMRIAH (tisagenlecleucel), an autologous CAR-T cell therapy. 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.

If any side effects appear, inform your doctor, pharmacist or nurse, even if the side effect is not mentioned in the accompanying Patient Information Leaflet

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

NOVARTIS
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<Contacts are inserted on the next page>

You can report any problem or adverse events or request additional copies of the materials through:

Saudi Food and Drug Authority National Pharmacovigilance Center

Unified Contact Center: 19999
Toll Free Number: 80024900000
Fax: +966112057662
Email: npc.drug@sfda.gov.sa
Website: https://ade.sfda.gov.sa

Patient Safety Department Novartis Saudi Limited - Saudi Arabia -.

Toll Free Number: 8001240078
Phone: +966112658100
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Email: adverse.events@novartis.com
Website: http://report.novartis.com/