

Fax To: 9355 5718

ENROLMENT FORM FOR PATIENTS ON LANTUS®



PATIENT ENROLLED IN DIABETES CoSTARS® FOR THE 1ST TIME

PATIENT RE-ENROLMENT IN DIABETES CoSTARS®

PRESCRIBING DOCTOR (Please print clearly in BLOCK LETTERS)

OR STAMP

Title: _____ First name: _____ Surname: _____

Provider number: _____

Please titrate this patient to the FBG target, using the following plan via the CDE or NP nominated below: (please tick ✓ appropriate box)

Plan A: Preset Titration Plan (As per guide on inside cover)

Plan B: Preset Titration Plan (As per guide on inside cover)

Plan C: Doctor Custom Plan Please specify: Current A1c: _____ Targeted A1c: _____
FBG target and titration regimen below:

Your patient will receive either:

- Up to two face-to-face sessions and additional follow-up phone calls with a CDE/NP
- 3 educational newsletters on a range of topics
- One pen-device education session with a CDE/NP (SoloSTAR® or ClickSTAR®)
- Telephone support from registered nurses who are available from 7am-10pm AEST.

AND/OR **Patient to receive education from CDE/NP on correct pen-device use only** (please tick ✓ if applicable)

By typing your name in the box below, you consent to your Patient enrolling into the Diabetes CoSTARS program.
A Diabetes CoSTARS nurse will contact you for the purpose of verifying your consent

Date: DD / MM / YYYY

ALLIED HEALTH SUPPORT (Please tick ✓ one or both support services)

Yes, I would like my patient to receive telephone support from Diabetes CoSTARS® nurse consultants
(Note: Lantus® dose titration is not available via nurse support calls)

Yes, I would like my patient to receive support from a CDE/NP as defined above. My preferred provider is:
Title: _____ First name: **Perth Diabetes** Surname: **Care** Tel: (**08**) **6110 0570**

PATIENT DETAILS (Please print clearly in BLOCK LETTERS)

Title: _____ First name: _____ Surname: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Date of birth: DD / MM / YYYY Daytime tel: (_____) Mobile: _____

(Please tick ✓)

Yes, I have read and agree to the Privacy Statement set out below

Yes, I consent to my Doctor being kept informed of my participation and treatment progress in the Diabetes CoSTARS® support program

Yes, I consent to my CDE/NP being kept informed of my participation and treatment progress in the Diabetes CoSTARS® support program

Yes, I consent that Atlantis may use information that it collects as part of the Diabetes CoSTARS® support program such as FBG, HbA1c and Lantus® dose in a de-identified form to advise doctors of patient experiences with Lantus®, including via publication in medical journals and presentations at clinical meetings.

Sanofi will pay a fee ranging from \$57.20 to \$140 (incl. GST) to the CDE/NP for the consultation(s) that form part of the program.

By typing my name in the box below, I consent to enrolling into the Diabetes CoSTARS program. A Diabetes CoSTARS nurse will contact you for the purpose of verifying your consent.

Date: DD / MM / YYYY

Privacy Statement: Diabetes CoSTARS® is administered by Atlantis Healthcare ("Atlantis") on behalf of the sponsor Sanofi-aventis Australia Pty Ltd ABN 31 008 558 807 ("Sanofi") who owns the contents of the database. In this capacity Atlantis is the organisation that collects your Personal Information which includes health and sensitive information required for participation in Diabetes CoSTARS® on the sponsor's behalf Sanofi. Your Personal Information may be shared with third parties for the fulfilment of services to you as part of Diabetes CoSTARS®. In case of an adverse event being reported whilst enrolled in Diabetes CoSTARS®, Sanofi, Atlantis or an authorised third party may contact you for the purpose of follow-up. Atlantis is legally obliged to pass on to Sanofi, the manufacturer of Lantus®, details of any adverse events related to their own products that it becomes aware of during the course of the program. Only de-identified data, meaning data not disclosing your identity, will be used for this purpose. Your Personal Information will be held on a database within Australia, however, may be disclosed or transferred to a country outside Australia if compliance with the Australian Privacy Principles can be guaranteed.

Contact Us: Should you wish to access or correct your Personal Information, request its deletion, stop its processing or opt out of the program, kindly contact the Privacy Officer by email: privacyAU@atlantishealthcare.com or write to: Privacy Officer, Atlantis Healthcare Australia, Unit 7, 112 Talavera Road, Macquarie Park, NSW 2113. Prepared August 2014. SAANZ.GLA.14.08.0172