



REMS Patient Survey Reminder

Patient Name _____ Date Survey Available _____

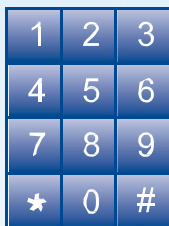
Doctor's Office Contact and Phone # _____

Product _____ Pharmacy Name _____

Telephone Survey

OR

Website and Mobile App Survey



From a touchtone phone dial
1-888-423-5436

Press

2

Para español, oprime el numero dos

Press

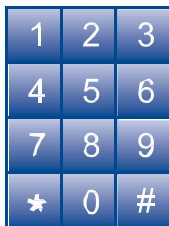
1

to identify that you are a patient

Press

1

to take a survey



Enter your 9-digit patient identification number (the number you provided during the enrollment process – for example, your Social Security Number).

From the menu provided, select the drug that you have been prescribed.

Press

1

OR

Press

2

OR

Press

3

Your survey will then begin. Please answer all of the questions. Confirmation that the survey has been completed will be provided at the end of your survey.

Access the internet and type in the website address

www.CelgeneRiskManagement.com

or download the **REMS Patient Companion App**.

You can find the REMS Patient Companion App by using the search term "Celgene" in iTunes.

You are not required to have a User Name or Password to complete a survey. To take your survey, select the button

Patient Surveys

You will be asked for the following information. Please enter the information exactly as it was provided during your enrollment process.

Please enter your details in the form below to continue with the patient survey.

* Patient Last Name:

^ Patient First Name:

* Patient Identification Number:

Social Security Number e.g. 123456789

Please be sure to complete the survey in its entirety and upon completion send to Celgene.

After entering the information above, select

Start Survey

Survey questions will be displayed 1 per page. Please be sure to complete the survey in its entirety. A summary page displaying your survey answers will be displayed at the end of your survey. Upon completion, send the survey to Celgene by selecting

Send to Celgene

