12-Nov-2024

Eli Lilly and Company Limited

8 Arlington Square West
Downshire Way
Bracknell
RG12 1PU
England

www.lilly.com/uk
Tel: 0203 1620044
Email: uk_team_gbmailgps@lilly.com

Claudia Martins
49 St Anthony's Close
Bracknell
RG42 6FD

Dear Claudia Martins,

Company Reference Number: GB202455660052
Re: Mounjaro (tirzepatide)

On **12-Oct-2024**, you were in contact with our patient support programme team regarding the above**,** I trust it is acceptable to contact you for follow-up for this case.

As the pharmaceutical industry collects and collates information on adverse drug events and product complaints, we would appreciate the opportunity to follow up with your doctor. If you are happy for us to do so, please provide the doctor's contact details, on the enclosed Healthcare Professional Information Request form. Please also provide the product lot / batch number, if available.

Thank you for your co-operation and we appreciate the time and trouble taken to assist us.

Yours sincerely,

Global Patient Safety

Encs: Healthcare Professional Information Request form
Pre-Paid envelope

DATA PROTECTION NOTICE: All the information and personal data you share with Lilly will be protected and kept confidential in line with Company policies and local regulations. The information you provide will be used for the purpose of drug safety surveillance and may be shared with health authorities. Full privacy notice can be found here: https://privacynotice.lilly.com

Company reference number: **GB202455660052**

Request for Healthcare Professional Information.

Doctor's Name: (**please print**) _____

Doctor/Medical Practice Address: _____

_____

_____

_____

Please provide Product Information if available:

Lot/Control Number of Product at time of event: _____

Product Expiration Date: _____

AUTHORISATION FOR RELEASE OF MEDICAL INFORMATION

I hereby grant permission for _____
(Your Doctor's Name)
to release such of my medical records and related information (including information stored electronically) as he/she thinks fit to Eli Lilly and Company Limited to enable them to obtain a complete adverse event report to comply with their regulatory obligations.

I understand that Eli Lilly and Company Limited may provide any part or all such information to the Medicines and Healthcare products Regulatory Agency (MHRA), the Health Products Regulatory Agency (HPRA) or other regulatory agencies or organisations as Eli Lilly and Company Limited deems necessary for evaluation of such information.

I understand that Eli Lilly and Company Limited will handle this information in a confidential manner. I acknowledge that a copy of this authorisation for release of medical information will in all respects be equal to an original.

Patient's Name: (**please print**) _____

Patient/Guardian Signature: _____

Date: _____

********** ***OR*** **********

☐ **I do not wish to provide further information or release of medical records regarding this case.**

Patient/Guardian Signature: _____

Date: _____