KIRAN



KIRAN is a Patient Access Program for KEYTRUDA ("KIRAN") offered by MSD Pharmaceuticals Private Limited ("MSD") and Managed by Medybiz Pharma Private Limited ("Medybiz")

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Patient Enrolment/Consent Form

For ENROLMENT, please complete this form and email it to: KIRANpapv3@medybizpharma.com or call: 18002102983

Section 1.0: Patient Details
Patient's Full Name (as per Aadhaar Card): SUBASH CHANOJAIN
508754
Age Above 18 years: Yes No
Sex: Male Female Other
Patient contact no: 8 2 3 3 8 0 1 2 8 4
Patient Caregiver Name (If applicable):
Patient Caregiver Contact no 9837384013
Patient's Residential Address: #6/252, PATTI CHOUDHRAN BHANDIAN MASJID, BAGPAT UP- 25061)
Please answer the following questions on KIRAN
Eligibility Criteria and Declaration
1. I wish to be enrolled to KIRAN
1. I wish to be enrolled to KIRAN 2. I am an Indian critizen and resident
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- Lagree to receive calls, emails, and electronic messages from Authorized Service Providers to receive information and support during
 into participation in KIRAN. Lalso understand of the service of the se my participation in KIRAN. Lalso understand that my call will be recorded and email, messages will be stored by Authorized Service Providers for the purpose of internal training and an email, messages will be stored by Authorized Service. Providers for the purpose of internal training and audit.
- 6. Lagree that I have received all requisite information about KIRAN from my Oncologist and Authorized Service Providers and I have also had an opportunity to seek clarification. also had an opportunity to seek clarifications.
- 7. Lunderstand that under KIRAN, unless my physician advises otherwise, I can avail up to a maximum of 35 infusions.
- 8. If urther consent to provide the Authorized Service Providers, the PI and all relevant information and documents (digitally and physically) either by myself my careeing and all relevant information and documents (digitally and physically) either by myself my careeing and all relevant information and documents (digitally and physically) either by myself my careeing and physically either by myself my careeing either by myself either physically) either by myself, my caregiver or through my Oncologist. I agree to submit a duly completed and signed Infusion Confirmation Form to Medvbiz within 49 beauty of the caregiver or through my Oncologist. I agree to submit a duly completed and signed Infusion. Confirmation Form to Medybiz within 48 hours of the latest Infusion or before the scheduled next Infusion, whichever is earlier.
- Lacknowledge that my participation in KIRAN will be evaluated by the Authorized Service Providers on a case-to-case basis and MSD reserves the right to vary, amond or torright to vary, amond or torright kilosophic between
- reserves the right to vary, amend or terminate KIRAN at any time without prior notice to me. Any vial(s) purchased from any other person /stockiest/distributor which is not authorized by MSD shall not be included in this
 program.
- I understand that my PI shall be treated with utmost confidentiality and in accordance with the applicable data privacy laws and
 policies. I understand that I can much such as the policy. policies. I understand that I can reach out to the Authorized Service Providers to understand their respective data privacy policy.

 I understand that the above
- 12. I understand that the above-mentioned PI is collected through this consent form and If I choose not to provide my PI, the purpose of KIRAN program will not be fairled. KIRAN program will not be fulfilled.
- 13. I consent to the purposes of collection, processing, and retention of the PI:
 - To complete the enrollment and provide services related to KIRAN Patient Program following the financial assessment.
 - To contact (virtually/physically/electronic message) me for KIRAN patient program related communication, for delivering free vial and for free vial delivering in the contact of the vial delivering free vial and for free vial delivering free vial and for free vial and free vial and for free vial and for free vial and for free vial delivery inspection by Authorized Service Providers.
 - Adverse event reporting
 - Internal or external audit.
 - Legal obligation (if any)
 - In addition, certain personal data, including my patient ID number (a system generated number assigned to me by Medibyz), will be provided by Medibyz as 1800. be provided by Medibyz to MSD for the limited purposes of reconciliation, reporting and/or auditing of the Program. No information that could discontinuously and the program of the program of the Program. information that could directly identify me will be transferred to MSD.
- 14. Disclosures of personal information: I understand that my PI may be disclosed to Authorized Service Providers, technical team, auditors, and possible to the provider of the providers of the auditors, and consultants only for legitimate or regulatory purpose. Authorized Service Providers may also disclose my PI to meet any legal obligations.
- 15. Data retention: I understand that my PI will be retained for as long as reasonably necessary to fulfil the purposes of collection including for the purposes of satisfying any legal, regulatory, tax, accounting or reporting requirements. The information will be retained for the duration of 10 years after program completion. My PI may be retained for a longer period in the event of a complaint or if there is any prospect of litigation.
- 16. International Transfers: I understand that MSD, MSD authorized other service providers may transfer my PI to MSD affiliates or other MSD authorized service providers in other jurisdictions strictly for legitimate purposes.
 - Merck & Co., Inc., Rahway, N.J, USA, which has a tradename of MSD outside of the U.S. and Canada's holds certifications and commitments that facilitate the cross-border transfer of personal data. To learn more please visit our privacy statement here https://www.msdprivacy.com/in/en/)

17. My Legal Rights:

I understand that I have the following rights under applicable data protection laws of India in relation to my PI:

- Right to access and obtain a copy of my Pl.
- Right to rectify any inaccurate or incomplete PI
- Right to erasure of my PI in certain circumstances.
- Right to restrict processing of my PI in certain circumstances.
- Right to object to processing of my Pl.
- Right to data portability, where applicable.
- Right to withdraw my consent at any time.

lunderstand that If I wish to exercise any of the rights set out above or if I have any questions regarding this privacy notice. I will contact Medybiz at kiranpapu3@medybizpharma.com. Upon the withdrawal of the consent by me, MSD and Authorized Service Providers will stop using and sharing my personal information. Medybiz shall also ensure that the PI is deleted from the records and systems of all Authorized Service Providers that it has been shared with for the purpose of KIRAN program, except for regulatory, legal and pharmacovigilance requirements and future audit or inspection.

18. Know more about MSD Data security:

MSD privacy program is built on a platform of organizational accountability for privacy, stewardship of the data we use to operate our business, consistent global privacy practices and standards that carry on our tradition of upholding high ethical standards across our business practices, and ongoing oversight to ensure that we continue to respond to changes in privacy expectations as technology and our business continue to evolve.

For more information about our program, please see https://www.msdprivacy.com/in/en/.

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Safety Reporting Adverse Events (AEs), including death due to any cause, exposures during pregnancy, and Product Quality Complaints (PQCs) should be recorded on the KEYTRUDA* KIRAN-KEYTRUDA* Patient Access Program Adverse Event (AE) Form and reported within 24 hours to MSD DPOC.

Fill up and submit the AE Form to MSD DPOC at dpoc_india@merck.com or

Fax to +91-124-4647339 or contact our toll-free number: 18001032642, Contact No. - +91-124-4647300

Patient's Signature: Sull hung

Date: 01 04 25

By signing this consent form, I agree to join KIRAN program, to comply with all the terms of this program and I consent to the processing of my personal information as outlined above. of my personal information as outlined above

Please select the relevant india

rease select the relevant indications to prescribe KEYTRUDA' to the patient:		
Indication*	Treatment*	
1L Non-squamous metastatic Non-Small Cell Lung Cancer (no EGFR or ALK positive tumor mutations)	Pembrolizumab\$ + Pemetrexed + Platinum chemotherapy	
LE Squarious metastatic Non-Small Cell Lung Cancer	Pembrolizumab ⁵ + Carboplatin + Paclitaxel/Paclitaxel protein-bound	
 1L metastatic Non-Small Cell Lung Cancer (no EGFR or ALK positive tumor mutations) 	Pembrolizumab monotherapy (PD-L1 TPS ≥50%)\s	
2L metastatic Non-Small Cell Lung Cancer	Pembrolizumab monotherapy (PD-L1TPS≥1%)*	
() IL Unresectable, Recurrent or Motomotical	Pembrolizumahs + Platinum + 5-FU (5-Hubi our acir)	
	Pembrolizumab monotherapy (PD-L1 CPS ≥1) ^S	
2L Urothelial carcinoma	Pembrolizumah monotherapy ⁵	
1L Persistent, Recurrent or Metastatic Cervical Cancer	Pembrolizumabs + Chemotherapy +/- Bevacizumab	
1L Unresectable or Metastatic Esophagus or Gastroesophageal junction adenocarcinoma (HER-2 negative)	Pembrolizumab ⁵ + Platinum + Fluoropyrimidine-based chemotherapy (PD-L1 CPS ≥10)	
1L Metastatic Renal Cell Carcinoma	Pembrolizumab\$ + Axitinib	
Adjuvant Renal Cell Carcinoma	Pembrolizumab monotherapy for patients who are at increased risk of recurrence following nephrectomy and resection of metastatic lesions ⁵	
1L Unresectable, Recurrent or Metastatic Triple-Negative Breast Cancer	Pembrolizumab ⁵ + Chemotherapy (PD-L1 CPS ≥10)	
Cally advanced or early-stage Triple-Negative Breast Cancer	Pembrolizumab + Chemotherapy as Neoadjuvant treatment then continued as Pembrolizumab monotherapy as adjuvant treatment after surgery ^s	
Unresectable or metastatic Melanoma	Pembrolizumab monotherapy"	
 Adjuvant treatment of Melanoma (Stage-III Melanoma and lymph node involvement who have undergone complete resection). 	Pembrolizumab as Monotherapy ^s	
1L MSI-H or dMMR metastatic Colorectal Cancer	Pembrolizumab as Monotherapy ^s	
O R/R cHL (failed on ASCT or at least two prior therapies when ASCT is not treatment option)	Pembrolizumab as Monotherapy ^s	

ASCT - Autologous stem cell transplant; cHL - classical Hodgkin lymphoma; R/R - Relapsed or Refractory; MSI-H - Microsatellite Instability-High dMMR - Deficient mismatch repair

definite - Deficient instruction repeat of the prescribing information. (KEYTRUDA® India PI) "The recommended dose of Pembrolizumab is 2 mg/kg every 3 weeks.

The recommended dose of Pembrolizumab is 200 mg every 3 weeks.

Expected Date of Treatment:

020425 DDMMYY

Treating Physician's Signature:

Treating Physician's Stamp:

Date: 010425 DDMMY

Dr. Raajit Chanana MBBS D. F. ESMO, ACMO DMC R. No.- DMC/R/6939 IN-KEY-01330- 15/61/2024 Shien, Medical Oncology

12/11/2026

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Oncare, www.cncarecancer.com

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