***This log is a confidential record to be retained only at the ianvestigational site in the Investigator Site File.***

***Please list any patient for whom informed consent was obtained during the study.***

***“PLEASE DO NOT SEND THIS LOG TO IQVIA OR SPONSOR.”***

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| **Sponsor / Protocol:** Chugai Pharmaceutical Co., Ltd. **/** EDR2201CN | | | | | | | |
| **Principal Investigator Name:** | | | | | **Site Number and Name:** | | |
| **Subject Number** | **Patient’s Full name** | **Patient’s Initials** | **Date of Birth**  **(dd/mmm/yyyy)** | **Patient’s Contact Details**  **(i.e. Address, Phone number)** | | **Patient’s National Identification Number** | **Comments**  **(e.g; Medical record #,**  **Identification number)** |
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**Investigator’s signature at Close Out Visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_