

For **ENROLMENT**, please complete this form and email it to **medbizpharma.com** or **1800 210 2983**

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Sex: ☒ Male ☐ Female ☐ Other

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Patient completed	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	46
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Patient Caregiver Name	(If applicable)	S	A	S	I	D	H	A	R	A	N	K	N						
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Permanent Residence: India Address: KARTHIKA, LINK

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Current Residential Address: (If different from above)

Eligibility Criteria and Declaration

\$I am an Indian citizen and a resident

%I do not possess enough ~~information~~ ^{memories} ~~to describe~~ ^{to recall} nearly four of the co

#1st priority is Aadhaar card, incase of any other ID card to be provided please follow the priority order as below:

☒ Aadhaar ☐ PAN card ☒ Voter's ID card ☐ Ration card

1. I confirm that my consent is not transferable. I further confirm that I have not and will not assign, transfer, or otherwise dispose of my rights in this agreement to any third party.

2. I have received all required information regarding this agreement. I have asked and had a copy posted to me of all the terms and conditions of this agreement.

3. I agree to receive all necessary information and support from Medybiz during my participation in the study. I understand that I may be asked to provide additional information and support.

4. I agree to submit a duly completed and signed Medybiz form to the study coordinator. I understand that I may be asked to provide additional information and support.

5. I consent to Medybiz for collection of my personal information for the purpose of conducting research. I understand that I may be asked to provide additional information and support.

6. I understand that the full text of this agreement is available to me. I have read and understand the full text of this agreement.

7. I acknowledge that my participation in this study is voluntary. I understand that I may be asked to provide additional information and support.

8. Any (a) purchased from any other source for the purpose of conducting research. I understand that I may be asked to provide additional information and support.

Safety Reporting Adverse Events (AEs), including death due to a (PQCS) or overdose, should be reported within 24 hours to MSD DP Fill up the AE Form to Dr. P. O. Co. and MSD_dpoc_india@merck.com or Fax to +91-124-4647339 or 18001032642. Confidentiality - +91-124- Adverse events are reviewed and recorded according to NCI-CTCAE, Version

D a t e 1:	6	1	0	2	4
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D D M M Y Y

Indication*	Treatment*
○ 1L Non-squamous metastatic NSCLC with EGFR or ALK positive tumor mutations	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ 1L Squamous metastatic Non-Small Cell Lung Cancer	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ 1L metastatic Non-Small Cell Lung Cancer with positive tumor mutations	Pembrolizumab (Pembrolizumab) (Pembrolizumab) (Pembrolizumab)
○ 2L metastatic Non-Small Cell Lung Cancer	Pembrolizumab (Pembrolizumab) (Pembrolizumab) (Pembrolizumab)
○ 1L Unresectable, Recurrent or Squamous Cell Carcinoma	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ 2L Urothelial carcinoma	Pembrolizumab (Pembrolizumab) (Pembrolizumab) (Pembrolizumab)
○ 1L Persistent, Recurrent or Metastatic Squamous Cell Carcinoma	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ 1L Unresectable or Metastatic Adenocarcinoma (HER-2 negative)	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ 1L Metastatic Renal Cell Carcinoma	Pembrolizumab + Axitinib (Pembrolizumab + Axitinib) (Pembrolizumab + Axitinib) (Pembrolizumab + Axitinib)
○ Adjuvant Renal Cell Carcinoma	Pembrolizumab monotherapy for patients with increased risk of recurrence following resection of metastatic lesions
○ 1L Unresectable, Recurrent or Metastatic Breast Cancer	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ Locally advanced or early-stage Breast Cancer	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)
○ Unresectable or metastatic Melanoma	Pembrolizumab (Pembrolizumab) (Pembrolizumab) (Pembrolizumab)
○ Adjuvant treatment of Melanoma with lymph node involvement who have undergone complete resection).	Pembrolizumab (Pembrolizumab) (Pembrolizumab) (Pembrolizumab)
○ 1L MSI-H or dMMR metastatic Colorectal Cancer	Pembrolizumab (Pembrolizumab) (Pembrolizumab) (Pembrolizumab)
○ R/R cHL (failed on ASCT or at relapse)	Pembrolizumab + Chemotherapy (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel) (Pembrolizumab + Carboplatin + Paclitaxel)

*For detailed information please refer to the full recommended dosing of pembrolizumab (KEYTRUDA)
 †The recommended dose of Pembrolizumab is 200 mg every 3 weeks.

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Date:

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Date:

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