



# OPTUNE GIO® ENROLLMENT FORM BC CANCER

MyNovocure\* Patient Support (the Program) is sponsored and offered by Novocure Canada Inc. (Novocure) to support patients who have been prescribed Optune GIO®. Information contained in this document is used by the Program to facilitate access to Optune GIO® and to provide support services.

## TO BE COMPLETED BY THE PATIENT OR AUTHORIZED DELEGATE OF CARE

### Patient Information

Name (first, last): \_\_\_\_\_

OK to leave voicemail?

YES  NO

DOB: \_\_\_\_\_

Best days/times to be reached:

Email: \_\_\_\_\_

Name of delegate: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (other): \_\_\_\_\_

Preferred spoken language: EN  FR

Personal Health Number (PHN): \_\_\_\_\_

Preferred printed material language: EN  FR

### Authorized Secondary Contact

Name (first, last): \_\_\_\_\_

### Authorized Third Contact (if applicable)

Relationship to patient: \_\_\_\_\_

Name (first, last): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Preferred spoken language: EN  FR

Email: \_\_\_\_\_

Preferred printed material language: EN  FR

Preferred spoken language: EN  FR

Tel. (home): \_\_\_\_\_ Tel. (other): \_\_\_\_\_

Preferred printed material language: EN  FR

OK to leave voicemail? YES  NO

Tel. (home): \_\_\_\_\_ Tel. (other): \_\_\_\_\_

Best days/times to be reached:

OK to leave voicemail? YES  NO

### Consent to Contact

By checking this box, I authorize the Program to communicate with me, and the secondary contacts above, via phone and/or by other electronic means (including email), to provide me with the information and support relating to the Program. I understand that I may at any time opt-out from such communication by advising the Program.

By Signing this form, I (1) consent to the use of my personal information as described in Annex A, (2) I understand that Novocure may, without notice make changes to the scope of Support Services offered; make changes to the eligibility requirements for the Program or the Support Services; or discontinue the Program of any of the Support Services, and (3) confirm that all of the information provided in this form is accurate to the best of my knowledge.

Patient signature (or legally authorized representative)

Date (DD/MM/YYYY)

See over for section to be completed by physician.

**SUBMIT COMPLETED FORM TO:**  
**ProvincialTxCoordination@bccancer.bc.ca**

**NOVOCURE CANADA**

507 Place d'Armes, Suite 500  
Montreal, QC, H2Y 2W8  
Tel: 1-866-320-2006  
Email: supportcanada@novocure.com

**CLEAR THE FORM**

## TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

### Physician Information

Name (first, last): \_\_\_\_\_

Primary address: \_\_\_\_\_  
\_\_\_\_\_

Tel. (primary): \_\_\_\_\_

Tel. (alternate): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Physician Contact

Name (first, last): \_\_\_\_\_

Special instructions: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

### Diagnosis

Newly diagnosed, histologically confirmed, supratentorial glioblastoma

Other: \_\_\_\_\_

Estimated date of chemo/radiation therapy completion: \_\_\_\_\_

Treatment start:

Patient's home

Target start date for Optune Gio® treatment: \_\_\_\_\_

Other: \_\_\_\_\_

### Prescription Section

Device: Optune Gio®

I prescribe the use of Optune Gio®, as described above

Other instructions/notes: \_\_\_\_\_

College license #: \_\_\_\_\_

\_\_\_\_\_

### Prescription Content

My signature also acknowledges that:

I consent to the Program contacting me about the patient's enrollment in the Program, the delivery of Program Services, or if there is an incident related to Optune Gio®.

I consent to the Program collecting, using and disclosing my personal information for the purpose of delivering the Support Services to the patient, or to contact me to improve the quality of the Support Services offered under the Program.

I confirm that all of the information provided in this form is accurate to the best of my knowledge.

Physician signature

Date (DD/MM/YYYY)

Print name (first, last): \_\_\_\_\_

### Insurance information

(only complete if public funding is not available)

Please confirm if you have access to private insurance

YES  NO

Please provide a photocopy of the front and back of your private insurance card.

Name of Insurer: \_\_\_\_\_

Plan #: \_\_\_\_\_

Member ID: \_\_\_\_\_

Secondary Insurance plan via spouse (if applicable)

Name of insurer: \_\_\_\_\_

Plan #: \_\_\_\_\_

Member ID: \_\_\_\_\_

Please note that in the case of private insurance, the Program may request patient medical records directly from your physician in order to support private insurance claims. Other possible use of your personal information is further described in the "Patient Consent" section.

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## Annex A: Data protection information on the processing of patient data before, during and after therapy

Dear patient, this document explains how **Novocure Canada, Inc., 507 Place d'Armes, Suite 500, Montreal, QC, H2Y 2W8**, and the companies of the Novocure Group (hereinafter: "Novocure" or "we") process your personal data in the context of your use of and ordering of the Novocure Optune® device.

### What personal data do we process?

We process the following personal data:

- Your basic and contact data: first and last name, email address, home address, landline and/or cell phone number, gender and date of birth, contact details of your caregivers for emergencies, date of death (if applicable).
- We process the following sensitive category data:
- Your health data: information on diagnoses made, MRI or CT examinations relevant to your treatment, prescribed medications, reports on findings and examination results (e.g., laboratory values or histological findings), as well as any health data you provide including information after end of therapy, health insurance/reimbursement information
- Information about those involved in your health care and treatment (e.g. treating specialists, general practitioners and hospitals, hereinafter "physicians").
- Optune usage and technical data: data related to your use of the Optune device, meaning average daily and monthly usage, overview of total hours per day of Optune use, period covered, report date and time).
- Information about adverse events you suffer following your use of Optune – e.g. skin irritation, allergic reaction to the adhesive.
- This data is provided to us either by you, your caregiver or by your physicians if you have released them from their duty of confidentiality, and from relevant public resources.

### How and for what purpose do we process your personal data?

We process your personal data in order to:

- Order and manage administration related to the Optune device and replacement parts (consumables), to explain the functioning of the device to you and to otherwise contact you in relation to your Optune device – on the basis of your (explicit) consent;
- Customize the Optune device for you – on the basis of your (explicit) consent;
- Analyze your Optune usage data for our analytics purposes, to improve the Optune and other devices, to gather intelligence in light of reimbursement decision-making and to provide technical support to you – on the basis of your (explicit) consent;
- To assist you or Novocure with insurance reimbursement related to Optune.
- To comply with our regulatory and legal obligations related to adverse event reporting in relation to the Optune device – on the basis of compliance with our legal obligations, as well as public interest in the area of public health;
- To protect our legal rights such as fraud prevention or abuse of our services.
- We may also use de-identified information (i.e. where personal identifiers such as my name and address are removed) and aggregate data (combined with other data) so that Novocure may conduct health economic and outcomes-based studies and analyses, for commercial, market and scientific research/publication purposes, or to monitor or improve the Program and the Support Services, or as otherwise may be permitted by law.

### Who do we share your personal data with and where is it sent?

We share your personal data within the Novocure Group with only the appropriate Novocure staff on a need-to-know basis for the abovementioned purposes. Your data is securely stored and maintained at Novocure Inc. in the United States. At Novocure Ltd. in Israel Optune medical devices are customized to your therapy. In addition to Novocure Inc. for this purpose, your data may also be shared with Novocure GmbH in Switzerland and Novocure Poland Sp. z o.o. in Poland to assist in billing for our products and supporting services, if applicable with your physicians. In such cases, Personal Data may be subject to the local laws of the jurisdictions within which it is collected, used, disclosed and/or stored, and may be accessed by governmental and law enforcement authorities in those jurisdictions. Novocure maintains an Intercompany Data Transfer Agreement amongst affiliates which includes a system of principles, rules and tools in an effort to ensure effective levels of data protection. Novocure uses external logistics companies for delivery and collection of medical equipment, which receive and process your name and address. We use information technology providers who provide hosting services for our patient database. These recipients are contractually obligated to handle your data with care and are assessed with regard to their technical and organizational measures to protect your personal data from loss, misuse, and unauthorized access, disclosure, amendment, and deletion. Your physicians may have access to the Optune reports for the duration of use. Additionally, we may share your Personal Data with insurers and other payers.

### How long do we store your personal data?

Your data will be stored during your treatment using the Optune device. After the end of your treatment, we retain finance-related data for another 10 years. We will then delete your data in accordance with data protection regulations, provided we no longer need them for the purposes stated above and we are not required by law to retain them.

### What rights do you have?

To help you control the processing of your personal data, some data protection laws (depending on your location) grant you the following rights in relation to our processing of your data:

- The right to request access to information from us about whether and what data we process about you as well as to obtain a copy of your data processed by us
- The right to have data corrected if it is inaccurate
- The right to request the deletion of data
- The right to request that we restrict or object to our processing of your data
- The right to request that we provide certain personal data in a commonly used electronic format or transfer it to another controller
- The right to withdraw your consent to data processing at any time with effect for the future
- The right to complain to your competent data protection authority, including the federal Office of the Privacy Commissioner or provincial authorities.

If you wish to exercise these rights regarding the data processed by Novocure, please contact us at the contact details below.

We would like to draw your attention to the following: The data provision is necessary to provide you with the services requested. Without the data it would be impossible to provide the services. This includes when you withdrawal consent.

### Safeguards protecting your personal data

The safety of your Personal Data is an important concern for us. We take appropriate steps, including technical, administrative, and physical security measures to protect the Personal Data provided to us against loss, misuse, and unauthorized access, disclosure, amendment, and deletion.

### Who can you contact if you have questions?

If you have any questions or concerns about the processing of your data, please write to the Novocure Data Privacy Team at [dataprotection@novocure.com](mailto:dataprotection@novocure.com). Please do not send us any unencrypted Personal Data via e-mail.

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