



# ISATUXIMAB

## PATIENT CARD

### DEAR PATIENT RECEIVING SARCLISA (ISATUXIMAB)

- ▼ Provide this card to healthcare providers **before** blood transfusion.
- ▼ Keep this card with you at all times and until at least **6 months** after the last dose of isatuximab.
- ▼ If you notice any side effects, talk to your doctor or pharmacist.

### WARNING FOR HEALTHCARE PROVIDERS

- ▼ Please note this patient is receiving treatment with **SARCLISA (isatuximab)**.
- ▼ This patient card contains important safety information that you need to be aware of before, during, and after treatment with isatuximab.
- ▼ Treatment with isatuximab binds to CD38 on red blood cells (RBCs) and is associated with a **Risk of Interference with blood typing (positive indirect Coombs Test)**, which may persist for at least 6 months after the last isatuximab infusion.
- ▼ To avoid potential problems with RBC transfusion, you should perform blood type and screen tests prior to the first infusion of isatuximab. **Phenotyping may be considered as per local practice.**
- ▼ If treatment with isatuximab has already started and in the **event of a planned transfusion**, you should **notify** the blood bank that the patient is receiving isatuximab and its **risk of Interference with Indirect Antiglobulin Tests**.
- ▼ For additional information on isatuximab, please refer to the **Package Insert (PI)**.



## MY INFORMATION

Patient's  
name:

Patient's  
date of birth  
(DD / MMM / YYYY):

Patient's  
phone:

Emergency contact  
(name):

Emergency contact  
(phone):



## MY TREATMENT DETAILS

Please complete this section  
or ask your doctor to do it.

Start date

(DD / MMM / YYYY):

End date

(DD / MMM / YYYY):

NA



## MY BLOOD RESULTS

Before starting isatuximab, the results of my blood test collected on:

(DD / MMM / YYYY)

were:

Blood type:

☐ A

☐ B

☐ AB

☐ O

☐ Rh+

☐ Rh-

The result of my indirect antiglobulin test (indirect Coombs test) was:

☐ Negative

☐ Positive for the following antibodies:



## MY DOCTOR'S INFORMATION

In case of emergency, or if you find this card,  
please contact my doctor using the details below.

Doctor's name:

Doctor's phone: