

YESCARTA and TECARTUS REMS Hospital Enrollment Form

YESCARTA and TECARTUS REMS Hospital Enrollment

YESCARTA® and TECARTUS® are available only through the YESCARTA and TECARTUS REMS. Only hospitals and their associated clinics certified in the YESCARTA and TECARTUS REMS are permitted to dispense YESCARTA and TECARTUS.

To become certified, hospitals and their associated clinic(s) must designate an authorized representative to:

1. Complete this enrollment form.
2. Oversee implementation and compliance with the YESCARTA and TECARTUS REMS requirements as outlined below.

YESCARTA and TECARTUS REMS Hospital and Associated Clinics Attestations

As a condition of certification, the certified hospital and its associated clinics must:

- ☐ Have a minimum of 2 doses of tocilizumab available on-site for each patient for immediate administration (within 2 hours of infusion).
- ☐ Designate an authorized representative to carry out the certification process and oversee implementation and compliance with the REMS requirements on behalf of the hospital and associated clinic(s).
- ☐ Have the authorized representative enroll in the REMS by completing the YESCARTA and TECARTUS REMS Hospital Enrollment Form and submit the form via fax to 1-310-496-0397 or email at YTREMS@kitepharma.com.
- ☐ Establish processes and procedures to verify that a minimum of 2 doses of tocilizumab are available on-site for each patient and are ready for immediate administration (within 2 hours of infusion).

Before infusion:

- ☐ Dispense YESCARTA or TECARTUS to patients only after verifying that a minimum of 2 doses of tocilizumab are available on-site for each patient and are ready for immediate administration (within 2 hours of infusion).

To maintain certification to dispense, if there is a change in the authorized representative:

- ☐ Have a new authorized representative enroll in the REMS by completing the Hospital Enrollment Form, if applicable.

At all times:

- ☐ Maintain documentation of all processes and procedures for the YESCARTA and TECARTUS REMS and provide documentation upon request to Kite, or a third party acting on behalf of Kite.
- ☐ Comply with audits by Kite, or a third party acting on behalf of Kite.

YESCARTA and TECARTUS REMS Hospital Registration Form

Please email the completed form to YTREMS@kitepharma.com or fax to **1-310-496-0397**.

Important Notice: Completion of the enrollment form does not guarantee that your hospital and its associated clinics will be certified to administer YESCARTA or TECARTUS. Please contact 1 844-454-KITE or visit the YESCARTA and TECARTUS REMS website at www.YescartaTecartusREMS.com for more information.

YESCARTA and TECARTUS REMS Hospital Enrollment Form

To finalize your registration in the YESCARTA and TECARTUS REMS, please complete the form below in its entirety.

☐ New Certification

☐ Recertification

☐ Change in Authorized Representative

Authorized Representative Information:

First Name: _____ Last Name: _____

Title: _____ Credentials: ☐ DO ☐ MD ☐ RPh ☐ RN ☐ NP/PA ☐ Other: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Hospital/Associated Clinic Contact Information:

Hospital/Associated Clinic Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

YESCARTA and TECARTUS REMS Authorized Representative Attestations

- I am the authorized representative designated by my hospital and its associated clinics to coordinate the activities of the YESCARTA and TECARTUS REMS.
- By signing this form, I attest that I understand and agree to comply with the following REMS requirements:
 - I must submit this completed YESCARTA and TECARTUS REMS Hospital Enrollment Form to Kite via fax at 1-310-496-0397, or email to YTREMS@kitepharma.com.
 - I will oversee implementation and compliance with the YESCARTA and TECARTUS REMS.
 - I will ensure that my hospital and its associated clinics establishes processes and procedures that are subject to monitoring by Kite or a third party acting on behalf of Kite to help ensure compliance with the requirements of the YESCARTA and TECARTUS REMS, including the following, before administering YESCARTA or TECARTUS:
 - Prior to dispensing YESCARTA or TECARTUS, put processes and procedures in place to verify a minimum of 2 doses of tocilizumab are available on-site for each patient and are ready for immediate administration (within 2 hours of infusion).

Authorized Representative Name

Title

Signature

Date