





**Statement of the interpreter (where appropriate)**

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand. She/he/they agree to follow the necessary precautions to prevent an unborn child being exposed to pomalidomide.

<b>Interpreter's Signature:</b>		<b>Name: (print)</b>	
-------------------------------------	--	--------------------------	--

<b>Date:</b>	DD	MM	YYYY
--------------	----	----	------

For further information, please refer to the Summary of Product Characteristics (SmPC) for the respective medicinal product from the relevant Marketing Authorisation Holders or refer to the MHRA [www.mhra.gov.uk](http://www.mhra.gov.uk)

