

## Remsima

Infliximab

### Patient Reminder Card

Show this card to any doctor involved in your treatment.

This Patient Reminder Card contains important safety information that you need to be aware of before and during treatment with Remsima.

Name patient:

Name doctor:

Telephone number doctor:

When starting a new card, please keep this card as a reference for 4 months after your last dose of Remsima.

Please read the Remsima 'Package Leaflet' carefully before you start using this medicine.

Date of Remsima therapy initiation:

Current administrations:

It is important that you and your doctor record the brand name and batch number of your medicine.

## Infections

### Before treatment with Remsima

- Tell your doctor if you have an infection even if it is a very minor one.
- It is very important that you tell your doctor if you have ever had tuberculosis (TB), or if you have been in close contact with someone who has had TB. Your doctor will test you to see if you have TB. Ask your doctor to record the type and date of your last screening(s) for TB on the card.
- Tell your doctor if you have hepatitis B or if you know or suspect you are a carrier of the hepatitis B virus.

### During treatment with Remsima

- Tell your doctor straight away if you have signs of an infection. Signs include a fever, feeling tired, (persistent) cough, shortness of breath, weight loss, night sweats, diarrhoea, wounds, dental problems, burning when urinating or 'flu-like' signs.

### Pregnancy and Vaccinations

- In case you have received Remsima while you were pregnant, it is important that you inform your baby's doctor about it before your baby receives any vaccine. Your baby should not receive a 'live vaccine', such as BCG (used to prevent tuberculosis) within 6 months after birth.

Keep this card with you for 4 months after your last dose of Remsima, or in case of pregnancy, for at least 6 months after the birth of your baby. Side effects may occur a long time after your last dose.

Brand name:

Batch number:

Ask your doctor to record the type and date of last screening(s) for tuberculosis (TB) below:

Test:

Test:

Date:

Date:

Result:

Result:

Please make sure you also have a list of all other medicines that you are using with you at any visit to a healthcare professional.

List of allergies:

List of other medicines: