

## Infections

### Before treatment with Remicade

- 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 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 Remicade

- 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 sensation when urinating, or 'flu-like' symptoms.

## Pregnancy and Vaccinations

In case you have received Remicade 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 four months after your last dose of Remicade 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.**

# Remicade®

## INFLIXIMAB

## Patient Reminder Card

Patient: \_\_\_\_\_

Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_



Merck Sharp & Dohme Limited  
Registered Office: Hertford Road, Hoddesdon, Hertfordshire EN11 9BU  
Registered in England No. 820771

This patient reminder card contains important safety information that you need to be aware of before and during treatment with Remicade.

**Show this card to any doctor involved in your treatment.**

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

Date of Remicade therapy initiation:

\_\_\_\_\_

Current administrations:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When starting a new card, please keep this card as a reference for four months after this date.**

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

Test: \_\_\_\_\_

Date: \_\_\_\_\_

Result: \_\_\_\_\_

Test: \_\_\_\_\_

Date: \_\_\_\_\_

Result: \_\_\_\_\_

List of allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 other medicines:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_