

Lumizyme Infusion Confirmation Form

Do not remove sticker until completed and faxed to Genzyme

Peel-Off Section

SECTION 1: Healthcare Professional Preparing Lumizyme Infusion	Patient Name (Print Name)			Date of Birth (MM/DD/YYYY)		
	Name of Institution or Healthcare Facility					
	Address					
	City		State	Zip Code	Phone	
	Total Dose:		_____ mg Lumizyme™ (alglucosidase alfa) Dose: _____ mg/kg Frequency: _____			
	Vial Lot Number (s)		Prepared By (Print Name): _____			
		Prepared By (Signature) _____				
		Date Prepared: _____				
SECTION 2: Healthcare Professional Administering Lumizyme Infusion Therapy	Patient Name (Print Name)			Date of Birth (MM/DD/YYYY)		
	<input type="checkbox"/> I have verified that the above named patient is enrolled in the Lumizyme ACE Program					
	<input type="checkbox"/> I have verified that the above named patient was administered Lumizyme on (date) _____					
	Infusion Administered By (Print Name)					
	Administered By (Signature) _____			Date Administered		

SAMPLE

Instructions:

1. The healthcare professional preparing the medication for infusion completes Section 1 above.
2. Enclose this form with the delivery of the prepared medication to the infusion site.
3. The healthcare professional administering the Lumizyme infusion completes Section 2 above.
4. Please fax this completed form to Genzyme at (888) 378-7667.
5. File the form in the patient's record either by affixing the sticker to the patient's file or scanning the form and saving it in the patient's electronic medical record.

THIS FORM MUST BE COMPLETED AND FAXED TO GENZYME AFTER EVERY LUMIZYME INFUSION.

Report all adverse events to Genzyme Medical Information at (800) 745-4447, option 2.

Request additional copies of the Lumizyme Infusion Confirmation Form by contacting Genzyme at 800-745-4447, option 1.