**Patient Drug Information Form**

*As part of the Scientific Advice process, we interview at least one patient representative in order to better understand, from the patient perspective, what is important regarding treatment goals. If permission is granted by the patient representative, we will provide the summary from the patient interview as part of the Record of Scientific Advice.*

*Applicants to the Scientific Advice Program are asked to complete this form in order to provide relevant background information to patient representatives involved in their application. Completion of this form by the applicant is optional and the form may be completed in whole or in part (i.e., all fields are optional except the drug name and the applicant name, as these fields are needed for identification).*

*We encourage applicants to complete the form in order to obtain the most relevant input from patient representatives.*

*All patient representatives are required to sign a Non-Disclosure Agreement Form and to comply with the Confidentiality Guidelines for Scientific Advice and the Conflict of Interest Policy.*

*Note that submission of a completed or partially completed form by the applicant constitutes agreement to share the submitted information with patient representatives.*

Applicant Name

[Response]

Drug Name

[Response]

Intended Indication

[Response]

How the Drug Works

[Response]

Aim of Treatment

[Response]

Positioning in the Treatment Pathway

[Response]

Dosage Form and Route of Administration

[Response]

Dosing Regimen (frequency, duration)

[Response]

Patient Population Being Considered for Clinical Trials

[Response]

Comparators Being Considered in Clinical Trials

[Response]

End Points Being Considered in Clinical Trials

[Response]

How the End Points will be Measured

[Response]

How the Trial Will be Conducted (recruitment of patients, length of trial, at hospital or treatment centre locations, frequency of monitoring, requirements for patients)

[Response]