Genentech® Access to Care Foundation (GATCF)
Confirmation of Infusion or Injection

Phone (800) 530-3083 - Fax (650) 225-1366

This completed document is required to participate in the Genentech Access to Care Foundation (GATCF) free Activase® (alteplase) program. This form is available online via My Patient Solutions™ for applicable brands. Link to My Patient Solutions directly from Genentech-Access.com.

Instructions: *All fields required.* Complete this form after each infusion/injection and fax completed form to GATCF at the number listed above or submit through My Patient Solutions.

Date of Service:	Amount Infused/Injected:	Date of Service:	Amount Infused/Injected:
/ /	mg	/ /	mg
/ /	mg	/ /	mg
/ /	mg	/ /	mg
/ /	mg	/ /	mg
/ /	mg	/ /	mg
/ /	mg	/ /	mg

Please complete, sign and date the following statement:

Print Patient Name (**Required**): _____

Patient's Date of Birth (**Required**): _____

Authorized HCP Signature (**Required**)†: _____

Date of Signature (**Required**): _____

CERTIFICATION: By signing above, I certify that all information on this form is correct, and this patient has been infused/injected with product listed above. I know that GATCF could ask me for a copy of the patient's infusion/injection records for the purpose of an audit. I agree to provide a copy of the patient's infusion/injection records in a timely manner, if so requested. I will not attempt to seek reimbursement for free product provided to the patient. Please note: GATCF will pursue all appropriate legal remedies, including seeking damages in litigation, in the event GATCF determines that this certification is false or that the Confirmation of Infusion or Injection is false or inaccurate.

†The overseeing physician is accountable for the individual signing on the physician's behalf of the Health Care Professional (HCP).

If the patient has had a change of insurance, please provide the following information:

Insurance Name: _____

ID Number: _____

Phone Number: _____

Effective Date of New Insurance: _____

Only the information requested on this form is required.
Providing additional documents or information will delay processing.