

VERIFICATION OF BASELINE SCREENING COMPLETION

Fax to 1-833-727-7702
or visit ZEPOSIAhcp.com/verify

If this form is not submitted online or via fax, the ZEPOSIA 360 Support™ program will call you and/or your office for verbal confirmation of baseline test completion.

INSTRUCTIONS FOR HEALTHCARE PROVIDER AND/OR AUTHORIZED REPRESENTATIVE

This form is used by the ZEPOSIA 360 Support clinical partners to verify that this patient's baseline tests have been reviewed by their prescriber and that they are able to **start treatment**, which will be shipped directly to their address of choice (as indicated on the Start Form).

Please complete this form in one of the following ways:

1 Visit ZEPOSIAhcp.com/verify to complete and submit a digital version of this form

OR

2 Complete this form and fax it to 1-833-727-7702

! All fields below must be completed.

PATIENT INFORMATION

! First name _____ Middle initial _____ ! Last name _____

! Date of birth (MM/DD/YYYY) ____/____/____

PRESCRIBER INFORMATION

! First name _____ ! Last name _____ ! Facility name _____

! Phone number (____) _____

HEALTHCARE PROVIDER'S AUTHORIZATION

By signing below, I confirm that, based on my review of the baseline tests, the patient identified above has successfully completed all of the baseline tests required for ZEPOSIA® (ozanimod) treatment. I hereby provide my authorization for such patient to proceed with initiation of treatment and for therapy to be shipped directly to their address of choice (as indicated on the Start Form).

! Signature  _____ Date (MM/DD/YYYY) ____/____/____

Prescriber

Authorized Representative

Authorized representative information:

Full name _____ Title _____

ZEPOSIA 360 SUPPORT™ FAX: 1-833-727-7702 | PHONE: 1-833-ZEPOSIA (833-937-6742)

Please see full [Prescribing Information](#) and [Medication Guide](#) at ZEPOSIA.com.