



SUNOSI® (SOLRIAMFETOL) PREGNANCY REGISTRY

Participant Consent to Contact Card

Potential Participant Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

I authorize the **SUNOSI (solriamfetol) Pregnancy Registry** to contact me and/or leave a message for me at these numbers; or to contact me via email at the address listed below: I agree to the Registry referencing the **SUNOSI (solriamfetol) Pregnancy Registry** in messages or emails.

| |
|--|
| <input type="checkbox"/> Primary Phone Number: _____ |
| <input type="checkbox"/> Alternate Phone Number _____ |
| <input type="checkbox"/> Cell phone number <input type="checkbox"/> Relative phone number <input type="checkbox"/> Other |

E-mail Address: _____

| | |
|-----------------------|---|
| Best Time to Contact: | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Best Day to Contact: | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday |

My Health Care Provider's Name is: _____
(print the name of your Health Care Provider on this line)

Privacy Statement:

Pharmaceutical Product Development, LLC. (PPD) respects your privacy and understands that it is important to you. The information you provide on this form will be used to contact you for the purposes of assessing your eligibility to participate in the **SUNOSI (solriamfetol) Pregnancy Registry**. This information will be held by PPD and not shared with the study sponsor (Axsome Therapeutics, Inc.) or any other third party without your permission. In the event you choose not to enroll, Registry staff will request permission to share your contact information with Axsome Therapeutics, Inc. in order for them to contact you for safety follow up about your pregnancy. If you do not provide permission, and do not enroll in the Registry your contact details will be deleted.

Potential Participant's Signature: _____

Date: _____

Fax completed form to 1-877-284-3341

OR Mail to: **SUNOSI (solriamfetol) Pregnancy Registry**
929 North Front Street
Wilmington, NC 28401-3331
Toll-Free #: 1-877-283-6220

OR Email to: **sunosipregnancyregistry@ppdi.com**