Consent Form

Consent to participate in the J&J withMe Patient Support Program
Consent to disclosure and use of personal information

I, _____ an adult patient of Dr _____ ("my Doctor") confirm that my Doctor has discussed with me what my treatment options are, and I have after that discussion agreed to be treated with _____, a product of JANSSEN PHARMACEUTICA (PTY) LTD (T/A JOHNSON & JOHNSON INNOVATIVE MEDICINE) ("J&J").

1. I consent to participate in the J&J withMe Patient Support Program, which includes the following services rendered by J&J :
   a) Reimbursement assistance which means that J&J will liaise with my doctor, medical scheme and applicable associations if required, to assist with the medicine reimbursement process.
   b) A reminder service whereby my Doctor and I will be notified when my medicine approval or script will be expiring. My Doctor will re-assess my condition and may or may not continue me on the same treatment.
   I understand that I will not be required to pay any form of consideration (monetary or otherwise) to the Doctor or J&J for the J&J withMe Patient Support Program as the aforementioned services are provided at no costs to the Doctor and/or myself.

2. I understand that in order for J&J to provide me with the services as stated in clause 1, J&J will have access to my personal and health information and to share such information with others. Such personal information and health information will include

   a) my name and surname, ID number, contact numbers and e-mail address, physical and postal address;
   b) sex, age, weight, employment status, race (if required for the medicine application documents that my treating Doctor completes for consideration of the treatment and medical aid reimbursement);
   c) medical aid scheme, medical aid number and main member details;
   d) my prescribed treatment, diagnosis, my medical history, my treatments, my medical procedures and special investigations, my blood and laboratory results;
   e) treating physician and treating physician contact details; and
   f) as well as dates of follow up appointments with my Doctor; collectively referred to as "Personal and Health Information".

3. As such, I grant J&J permission to receive the relevant Personal and Health Information from my Doctor, my medical aid, my applicable associations, my chosen pharmacy, treatment centre (if applicable) ("Authorised Parties"). I further grant J&J consent to share my Personal and Health Information with the Authorised Parties. I understand that J&J does not accept responsibility for the safe keeping of my Personal and Heath Information by such Authorised Parties.

4. I understand that some or all of my Personal and Health Information set out in clause 2 above will be transferred via e-mail to my medical aid, applicable associations (if necessary), my chosen pharmacy, treatment centre (if applicable ("Authorised Parties"). I grant J&J permission to transfer My Personal Information to the Authorised Parties.

5. I understand that the following Personal and Health Information, required for the management of the services as stated in clause 1, will be captured and securely kept within the BioAccess Patient Management system of J&J: Name and surname / contact numbers / e-mail address / physical and postal address / ID number / medical aid and medical aid number / main member details / prescribed J&J medication / diagnosis / Doctor and Doctor contact details / script related information /medicine approval related information / treatment dates (if applicable to my prescribed J&J medication).

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6. I understand that J&J will safely manage and store my Personal Information for the period necessary to fulfil the purposes outlined in this Patient consent form unless a longer retention period is required or allowed by law or to otherwise fulfil a legal obligation. The criteria used to determine our retention periods include: (i) the length of time we have an ongoing relationship with you; (ii) whether there is a legal obligation to which we are subject; and (iii) whether retention is advisable in light of our legal position (such as in regard to applicable statutes of limitations, litigation, or regulatory investigations).

7. I understand that it is my responsibility to let J&J know of any changes to my Personal and Health Information which are required to provide the services stated in clause 1 above.

8. In the event where medication should be dispensed by a pharmacy, I agree that J&J can provide my name, surname, medical aid, medical aid number, e-mail address, contact number, address for delivery, script and medicine approval to my pharmacy of choice. I also agree that Janssen may enquire at my pharmacy of choice as to whether the medicine was indeed delivered to me.

9. I understand that the J&J withMe Patient Support Program is there to provide support only. J&J cannot make any guarantees in relation to any of the services rendered, or the impact of its product and the services on my health. J&J cannot be held liable for any co-payments or if an appeal / authorisation for treatment has not been successful. J&J and its staff or contractors cannot provide any healthcare service or advice, and they will refer me back to my Doctor on all such matters. I will contact my Doctor if I have any questions on my treatment, or changes to my health status.

10. I understand that J&J is required to report any side effects that I might experience during treatment to J&J Global Medical Safety. In such an event the safety event will be reported according to company requirements, however patient identifiable information is kept confidential.

11. I hereby confirm that I understand the extent of the consent I am giving and that I am authorised to sign. I have read and understood the Privacy Notice set out below. I understand that I have the right to withdraw this consent at any time by contacting the J&J withMe team on 0800 11 21 01 or jps@its.jnj.com. This withdrawal will not affect my rights to care or treatment, including access to J&J products and I am free to continue to see my Doctor and obtain healthcare from the practice.

Patient's Signature: ..... **Medical Aid:** .....

Date: ..... **Medical Aid Number:** .....

Patient's Contact Number: ..... **Plan Option:** .....

Patient's Email Address: .....

JANSSEN PHARMACEUTICA (PTY) LTD (T/A JOHNSON &JOHNSON INNOVATIVE MEDICINE) (Reg. No. 1980/011122/07), 2 Medical Road, Halfway House, Midrand 1685.
Innovativemedicine.jnj.com/southafrica. Medical Info Line: 080 016 3760.
EM-174822 Approval date 09/2026

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Privacy Notice

Agreement of authorisation to collect, use and disclose personal health information: privacy notice

JANSSEN PHARMACEUTICA (PTY) LTD (T/A JOHNSON & JOHNSON INNOVATIVE MEDICINE) ("J&J") cares about your privacy and wants you to be familiar with how we collect, use and disclose personal information.

With your consent, we will use your personal information to manage our relationship with you, in accordance with our Privacy Notice, below. You may withdraw your consent at any time. Your personal information will be shared with our affiliates, service providers, and other third parties, as described in our Privacy Notice. Your personal information will be transferred to countries outside of your country of residence, including the United States, which may provide for different data protection rules than in your country.

1. **Information collection:** With your consent, J&J will collect your personal information from you for the purposes of administering the Program, evaluating the effectiveness of the Program, and communicating information about the Program to you.

2. **Disclosure of information:** We may disclose your personal information to our affiliates for the purposes described in this Privacy Notice. A list of our affiliates is available at http://www.investor.jnj.com/sec.cfm (click on the link to Form10K, Exhibit 21, under "SEC Filings"). We may also disclose the personal information to unaffiliated third parties, but only to service providers that we use to support our business.

3. **Your Privacy Rights:** You have the right to request to review the personal information we have collected about you, as well as the right to request correction, deletion, blocking, data portability and restriction of our use of such information. You may also withdraw your consent to our processing of your personal information for the purposes described above at any time. You can make a request or withdraw your consent by contacting our J&J withMe team at jps@its.jnj.com.

4. **Cross-Border Transfer:** The use and disclosure of personal information contemplated in this Privacy Notice may involve a transfer of the information to jurisdictions located outside your country of residence, including the United States, which may provide for different data protection rules than in your country. Appropriate contractual and other measures are in place to protect your personal information when it is transferred.

5. **Data Retention:** We will retain your personal information for as long as needed or permitted in the light of the purpose(s) for which it was obtained. The criteria used to determine our retention periods include: (i) the length of time we have an ongoing relationship with you and provide the service to you; (ii) whether there is a legal obligation to which we are subject; and (iii) whether retention is advisable in light of our legal position (such as in regard to applicable statutes of limitations, litigation, or regulatory investigations).

6. **Lodging a Complaint:** You may lodge a complaint with the Information Regulator (South Africa).
   Contact informationfor the Information Regulator is: JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001; Tel 010 023 5200; e-mail enquiries@inforegulator.org.za

I understand that I may refuse to sign this Authorisation, and that I do not need to sign this Authorisation to receive services from my current and future healthcare providers and insurers; however, if I refuse to sign this Authorisation, I will not be able to participate in the Program.

I have read the above agreement, and, by signing this document, I give explicit consent to the use and disclosure of my Health Information pursuant to this Authorisation. I also authorise J&J to receive my Health Information from my current healthcare provider.

Patient's Name and Surname: ..... **ID Number:** .....

Patient's Signature: ..... **Date:** .....

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