

CONGRESS MEDICAL INFORMATION REQUEST



Please submit your medical information request query to: medinfoemea@takeda.com

Please ensure you include the following information in your email:

- ▶ Full name
- ▶ Job title/Department
- ▶ Hospital/Company/Organisation
- ▶ Address (including country)
- ▶ Contact telephone number, including country code
- ▶ Product name
- ▶ Medical information request/query

CLICK TO EMAIL YOUR QUERY

By clicking to send the email, you confirm that your question/s was (were) not prompted or solicited by anyone in Takeda, and that the medical information request/query that you include in your email to Takeda accurately states your question/s. Please note that the personal data you provide will be used and stored by Takeda to respond to your unsolicited request for medical information to process information that you provide regarding actual or suspected adverse events related to a patient's treatment and for record-keeping purposes. By including this information in your email you agree that your personal data may be used for these purposes. This may mean that your details are transferred to the Takeda Medical Information service in your country for responding to your request. Your personal data will not be used, disclosed, or held for any other purposes or provided to third parties without your consent. You may access, rectify, or erase your personal data and object to the processing of it by contacting the Takeda Medical Information Service in your country using the contact details that will be provided in the response.

For more detailed information on how Takeda processes personal data, please refer to Takeda's Privacy Notice at <https://www.takeda.com/privacy-notice>