MabThera Alert Card for patients with non-oncology diseases

Why have I been given this card?
This medicine may make you more likely to get infections. This card tells you:

- What you need to know before having MabThera
- What the signs of an infection are
- What to do if you think you might be getting an infection.

It also includes your name and doctor’s name and phone number on the back.

What should I do with this card?
- Keep this card with you all the time - such as in your wallet or purse.
- Show this card to any doctor, nurse or dentist you see - not just the specialist who prescribes your MabThera.
Keep this card with you for 2 years after your last dose of MabThera. This is because side effects can develop several months after you have had treatment.

**When should I not have MabThera?**
Do not have MabThera if you have an active infection or a serious problem with your immune system.

Tell your doctor or nurse if you are taking or have previously taken medicines which may affect your immune system this includes chemo-therapy.

**What are the signs of getting an infection?**
Look out for the following possible signs of infection:
· Fever or cough all the time
· Weight loss
· Pain without injuring yourself
· Feeling generally unwell or listless.
If you get any of these, tell a doctor or nurse straight away. You should also tell them about your MabThera treatment.

What else do I need to know?
Rarely MabThera can cause a serious brain infection, called “Progressive Multifocal Leukoencephalopathy” or PML. This can be fatal.

· Signs of PML include:
  - Confusion, memory loss or problems thinking
  - Loss of balance or a change in the way you walk or talk
  - Decreased strength or weakness on one side of your body
  - Blurred vision or loss of vision.

If you get any of these, tell a doctor or nurse straight away. You should also tell them about your MabThera treatment.

Where can I get more information?
See the MabThera package leaflet for more information.
Treatment start date and contact details

Date of most recent infusion: .................................................................

Date of first infusion: .................................................................

Patient’s Name: .............................................................................

Doctor’s Name: .............................................................................

Doctor’s contact details: .................................................................

Make sure you have a list of all your medicines when you see a health care professional. Please talk to your doctor or nurse if you have any questions about the information in this card.