

INDICATION & PATIENT MEDICAL HISTORY

The patient was prescribed teriflunomide for relapsing remitting multiple sclerosis (RRMS) sclerosis Yes

The patient was diagnosed with multiple sclerosis on: (DD/MMM/YYYY)

The patient was prescribed teriflunomide for a condition other than RRMS: Yes (***please describe***)

The patient was diagnosed with a condition other than RRMS on: (DD/MMM/YYYY)

Prior to starting teriflunomide, the patient was receiving the following medications: ***Please describe in detail***

PML DIAGNOSIS, OUTCOME & CAUSALITY

Was the diagnosis of PML confirmed?

- Yes
- No
- Unknown

If the answer is No or Unknown, please skip to next section.

The diagnosis of PML was confirmed based on:

- Brain biopsy
- Brain magnetic resonance imaging (MRI)
- CSF JCV DNA
- Lymphocyte count
- Serum JCV Antibody Testing
- Unknown

The diagnosis of PML was confirmed on: (DD/MMM/YYYY)

PML is suspected but not confirmed

- Yes
- No
- Unknown

PML is suspected based on:

- Brain biopsy
- Brain MRI

PML DIAGNOSIS, OUTCOME & CAUSALITY
<input type="checkbox"/> CSF JCV DNA testing <input type="checkbox"/> Lymphocyte count <input type="checkbox"/> Serum JCV Antibody testing The patient was suspected of having PML on: (DD/MMM/YYYY)
Please provide details of brain biopsy, if applicable. <input type="checkbox"/> N/A
Please provide details of brain MRI, if applicable. <input type="checkbox"/> N/A
Please provide details of CSF JCV DNA test, if applicable. <input type="checkbox"/> N/A
Please provide details of lymphocyte count, if applicable. <input type="checkbox"/> N/A
Please provide details of serum JCV antibody testing, if applicable. Please specify whether the testing for the presence of anti-JCV antibodies was performed using the STRATIFY JCV assay. <input type="checkbox"/> N/A
Please provide details of symptoms suggestive of PML, experienced by the patient: <input type="checkbox"/> Weakness on one side of the body <input type="checkbox"/> Clumsiness of limbs <input type="checkbox"/> Disturbance of vision <input type="checkbox"/> Changes in thinking, memory and orientation, leading to confusion <input type="checkbox"/> Personality changes <input type="checkbox"/> Other symptoms <i>Please describe in detail</i>
Outcome <input type="checkbox"/> Complete recovery <input type="checkbox"/> Recovering

PML DIAGNOSIS, OUTCOME & CAUSALITY

- Recovered with sequelae
- Not recovered
- Fatal
- Unknown

Please provide the following details:

Patient's EDSS score prior to PML symptoms:

Patient's EDSS score after onset of PML symptoms:

Please provide details of the treatment given for PML

Is it reasonably possible that Teriflunomide could have caused any of the symptoms experienced by the patient?

- Yes
- No

Teriflunomide is suspected to be causative based on:

- Time to onset after starting the drug
- Time to recovery after stopping the drug
- The clinical pattern
- The exclusion of other causes of PML

PATIENT'S RISK FACTORS FOR PML

(please check all that apply):

- The patient had a previous occurrence of PML
- The patient received prior immunosuppressant therapy
- The patient was anti-JCV antibody positive
- The patient has HIV/AIDS
- The patient has a history of leukaemia
- The patient has a history of Hodgkin's disease
- The patient has a history of lymphoma

The patient has a history of other cancers (*please specify*)

Thank you for taking the time to complete this questionnaire.