

KEAP Request Form for Selinexor
Effective: 16 Apr 2018

Karyopharm Use only: Forward Page 1 of this form, along with FRM-PS-0004 KEAP Order Form for Selinexor, to the Special Import License Holder and/or drug distribution vendors. File both forms in the appropriate KEAP repository.

Please send a signed electronic version of the completed form to: KEAP@karyopharm.com

Importation of unapproved medications for Expanded Access treatment (also known as Named Patient or Single Patient INDs) by Special Import Licence Holders requires the following information:

Name and Position of the Treating Physician			
Name of Treating Hospital/Institution			
Date of Application			
Briefly describe the patient's disease			
For regulatory filing purposes, will the treating physician or the treating hospital/institution be named on cross-reference letters to selinexor INDs or IMPDs (if applicable)? <input type="checkbox"/> Treating Physician <input type="checkbox"/> Treating Hospital/Institution			
In your medical opinion, are there any commercially-licensed treatments from which the patient would derive benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Briefly Explain:</i>			
Are there any ongoing clinical trials (including selinexor clinical trials) which the patient qualifies for and could derive benefit from? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can the patient reasonably access the clinical trial through an open clinical trial site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>Please explain:</i>			
Treating Physician Signature			Date

KARYOPHARM USE ONLY (to be completed by the assigned KEAP Team representative)

KEAP Patient Tracking Number

KARYOPHARM USE ONLY (to be completed by the assigned KEAP Team Leader)

Karyopharm agrees to support this request for Expanded Access Program consideration.

KEAP Team Leader Signature			Date
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Date of Application		Name of Treating Physician	
Please provide a summary of the patient's disease, past treatments, and current medical status.			
Treating Physician Signature		Date	

KARYOPHARM USE ONLY (to be completed by the KEAP Medical Lead)

Please review the patient's current status and treatment history and determine if the patient could derive benefit from Expanded Access Treatment to selinexor alone or in combination.

Are there any ongoing clinical trials (including selinexor clinical trials) which the patient qualifies for and could derive benefit from?

 Yes No

If yes, can the patient reasonably access the clinical trial through an open clinical trial site?

 Yes No N/A

Please explain:

I approve this patient medically for KEAP consideration.

 Yes No *Recommended treatment dosing:*

KEAP Medical Lead Signature		Date	
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