

REMS Patient Survey Reminder

Patient Name	Date Survey Available
Doctor's Office Contact and Phone #	
Product	Pharmacy Name

Telephone Survey

OR

Website and Mobile App Survey

Dial **1-888-423-5436**

Press 2

Para Español, oprime el número dos

Press

to identify that you are a patient

Press

to take a survey



Enter your 9-digit patient identification number (the number you provided during the enrollment process – for example, your Social Security number).

From the menu provided, select the drug that you have been prescribed.

Press



OR

Press 2

OR

Press 3

Your survey will then begin. Please answer all of the questions. Confirmation that the survey has been completed will be provided at the end of your survey.

Access the internet and type in the website address **www.BMSREMSPatientSafety.com** or download the **REMS Companion App**.

You can find the REMS Companion App by using the search term "Bristol Myers Squibb" on the Apple App Store and Google Play Store.

You are not required to have a Username or Password to complete a survey. To take your survey, select

Patient Surveys

You will be asked for the following information. Please enter the information exactly as it was provided during your enrollment process.

* Patient Las	st Name	
Patient Firs	st Name	
Patient Identification	Number	Social Security Number e.g., 123456789
ase be sure to complet	te the survey in its enti	rety and upon completion, click the Submit button.
ase be sure to complet	te the survey in its enti	
,	te the survey in its entire	rety and upon completion, click the Submit button.

After entering the information above, select

Start Survey

Survey questions will be displayed 1 per page. Please be sure to complete the survey in its entirety. A summary page that shows your answers will be displayed at the end of your survey. Upon completion, send the survey to the REMS program by selecting

Submit