

# **Patient Consent**

Please send your authorisation to gammacorepatientenservice@electrocore.com or call +49 (0) 800 80 44 202

#### **Privacy Notice**

Your doctor is the controller of your personal information (including but not limited to, NHS ID, device ID, and related order information ("**ID Information**")). Your personal information will be shared with electroCore and its business partners, agents and distributors, together "**electroCore**," in order to a) supply you with gammaCore and b) arrange for you to be provided with training as to how to use gammaCore. electroCore is the controller of any personal information we are provided with (by you or the doctor) in order to administer training (including, but not limited to, your contact details and any ID Information).

Your personal information will only be shared with other third parties if otherwise permitted by applicable law, such as if necessary to protect your vital interests or those of another person or if necessary for the establishment, exercise or defence of legal claims.

Our legal basis for collecting and using your personal information will be consent.

Your information will be stored in the European Economic Area ("**EEA**"), but in limited circumstances may be transferred to countries outside of the EEA. Where personal information is transferred outside of the EEA, we have taken appropriate safeguards to require that your personal information will remain protected in accordance with this privacy notice. These include implementing the European Commission's Standard Contractual Clauses.

electroCore will retain your personal information for only as long as we have an ongoing legitimate need to do so, for example, whilst you are receiving gammaCore treatment. The personal information will then be either deleted or anonymised or, if this is not possible (for example, because your personal information has been stored in backup archives), then it will be securely stored until deletion is possible.

You may have the following rights in relation to your personal information: (i) to access, correct, update or request deletion of it; (ii) to object to processing of your personal information; (iii) to ask us to restrict processing of it; (iv) to request portability of it; and (v) to opt-out of marketing communications. You can exercise these rights by contacting us by using the contact details provided below. You can withdraw your consent at any time by written notice using the contact details provided below. You may have similar rights as regards to your doctor, and to exercise those you should contact your doctor by your usual means of communication.

You have the right to complain to a data protection authority about our collection and use of your personal information. For more information, please contact your local data protection authority.

If you have any questions or concerns about our use of your personal information, please contact us using the following details: gammacorepatientenservice@electrocore.com.

Patient Signature

**Print Name** 

Date



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gammaCore.de



## **Authorisation Form**

Please return the completed form to Loxxess Pharma GmbH on behalf of electroCore, Inc. Amberger Straße 1-3, D-82538 Geretsried-Gelting Hotline: +49 (0) 800 80 44 202 Email: gammacorepatientenservice@electrocore.com Fax: +49 (0) 8171 483 58 390

## STEP 1 ORDERING PROCESS

PATIENT INFORMATION
Name
Address
Postal Code
City
Country
Phone (mandatory)
Email

### **PHYSICIAN AUTHORISATION**

Doctor Name	
Address	
Postal Code	
City	
Country	
Clinic/Hospital	
Signature	Date
	Stamp (mandatory)

INTERNAL USE ONLY
Date Form Received
Date Customer Created
Customer ID



©2018 electroCore, Inc. All rights reserved. electroCore, the electroCore logo, gammaCore, gammaCore Sapphire, and the gammaCore Sapphire logo are trademarks of electroCore, Inc. EU trademark applications pending. Rel: 10/2018 Please return the completed form to:

Loxxess Pharma GmbH on behalf of electroCore, Inc. Amberger Straße 1-3 D-82538 Geretsried-Gelting

Registration Hotline: +49 (0) 800 80 44 202 Email: gammacorepatientenservice@electrocore.com Fax: +49 (0) 8171 483 58 390



**STEP 2** ORDERING PROCESS

# **Patient Order Form**

Please return the completed form to Loxxess Pharma GmbH on behalf of electroCore, Inc. Amberger Straße 1-3, D-82538 Geretsried-Gelting Hotline: +49 (0) 800 80 44 202 Email: gammacorepatientenservice@electrocore.com Fax: +49 (0) 8171 483 58 390

CONTACT INFORMATION				
Patient Name		Country		
Address		Phone (mandatory)		
Postal Code		Email		
City		Customer ID#		
CATALOGUE #	DESCRIPTION	QUANTITY		
10016-20302	🔲 gammaCore Sapphire, 31-Day Starter Kit			
10016-20303	🔲 gammaCore Sapphire, 93-Day Starter Kit			
10016-23131	🔲 gammaCore Sapphire, 31-Day Refill Kit			
10016-23193	🔲 gammaCore Sapphire, 93-Day Refill Kit			

I understand that my doctor(s) and their staff will disclose my personal information (including, but not limited to, my name and address and other contact details, device ID and related order information ("ID Information")) to electroCore and its business partners, agents and distributors, together "electroCore," to be able to a) supply me with gammaCore, and b) arrange for me to be provided with training as to how to use gammaCore.

□ I consent to my doctor(s) and their staff disclosing my ID information to electroCore for electroCore to provide me with training.

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Date

PAYMENT OPTION A – SEPA-Lastschriftmandat					
SEPA-Lastschriftmandat		SEPA-Geprüft			
Gläubiger-Identifikationsnummer: DE84DES00000322146 Zur Wippenharth 16A, 53809 Ruppichteroth Ich ermächtige die electroCore Germany GmbH, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von der electroCore Germany GmbH auf mein Konto gezogenen Lastschriften einzulösen.		Prüfdatum	Prüfdatum 🗌 Gültigkeits-Code		
Name des Kontoinhabers					
Kreditinstitut (Name)					
BIC d. Zahlungspflichtigen					
IBAN d. Zahlungspflichtigen					
PAYMENT OPTION B-	Credit Card				
Mastercard VISA Car	d Number I	expiration Date (mm/yy)	CVC (3 digits on back)		
Please charge the stated amount to my credit card (total	): € Name	Cardholder Signature			
Our customer service call center will be happy to contact you if you prefer to give your credit card details over the phone. Please be sure to fill in your phone number. Best time to call Monday through Friday: 9:00–11:00 hrs 16:00–20:00 hrs NOTE: electroCore and its sub-contractors solely use this information for verification and fulfillment.					
INTERNAL USE ONLY	Credit Card Clearance	Date of Phone Call			
INTERNAL OSE ONLI	Transaction ID	Processed Amount Billed €			
PAYMENT OPTION C-	Health Insurance Reimbursement				
This payment option is exclusion	vely for orders from Germany and only for patients who have alread	ly filed for individual reimbur	sement with their health insurance.		
Insurance Number: Name of Health Insurance:					
INTERNAL USE ONLY		proved by Health Insurance escription at Apedi			
Date: City/Lu	ocation:	Signature:			



### GENERAL

When ordering products from electroCore, the following conditions apply.

#### AVAILABILITY

Delivery of gammaCore is determined by our choice for the fastest possible delivery. Delivery time varies depending on product availability, however, if product is available, it will be shipped within 3-5 days of receipt of payment. In the event that there is a delay in delivery, the customer will be informed of the reason for the delay and the new estimated delivery time.

#### SUPPLY RISK

electroCore assumes the risk of damage or loss of the goods during shipment from the warehouse to the customer. In case of return of goods, the customer is responsible for the risk of damage or loss.

#### PRICES

Price is subject to change.

#### PAYMENT

electroCore offers card payment with Visa and Mastercard or bank transfer.

#### SUBJECT TO CHANGES

We reserve the right to change prices, final sales, typographical errors, errors in product images and/or inaccurate information caused by technical or human error. We reserve the right to change prices and conditions of sale.

#### **REPAYMENT OF RETURN**

Approved returns are refunded within 10 working days. When the goods have been paid by card, the refund will be transferred to the card that was used with the purchase.

#### **RETURNS POLICY**

electroCore will issue a replacement device within 7 days from receipt of returned device. electroCore will issue a replacement device for the products affected by the workmanship. It is important to examine the product carefully when it arrives. Any complaints regarding workmanship should be made within 7 days of product delivery date. Contact our customer service by phone +49 (0) 800 80 44 202 or via email address gammacorepatientenservice@ electrocore.com. Enter a brief description of the subject, your name, and order number for further instructions. electroCore will send the affected device to the manufacturer for a final assessment. In case of any dispute, follow Consumer Complaints Board's recommendations.

#### **PRIVACY & SECURITY**

electroCore and its Partners follow all local privacy laws in the country of sale. electroCore only uses your personal information to fulfill our commitments and communication to you, as set out in our UK Consent Form (attached).

#### **FRAUD ATTEMPT**

All attempts at fraud will be prosecuted.

A valid authorisation from a physician is required.

Orders without a physician consultation and validated authorisation will not be fulfilled by electroCore and its Partners.

#### FORCE MAJEURE

electroCore is not responsible for delays in performance (including shipping and warranty action) caused by circumstances beyond electroCore's control. Examples of circumstances beyond electroCore control is - but to be an exhaustive list - labor disputes, power failures, lightning, fire, atmospheric disturbances, legal enactment, government action, war, strikes or similar causes, possible blackouts, disruptions in charge of hosting/server etc.

#### **Customer Service Center:**

Loxxess Pharma GmbH on behalf of electroCore, Inc. Amberger Straße 1-3 D-82538 Geretsried-Gelting

Telephone: +49 (0) 800 80 44 202 Email: gammacorepatientenservice@electrocore.com Fax: +49 (0) 8171 483 58 390



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