“Support Program for Foreign HIV Patients Receiving Medication Within 2 Years in Taiwan” Consent Form

I, _____ (the undersigned), hereby confirm that I have been fully informed and have had a comprehensive discussion with the medical personnel at the _____(hospital/clinic). I understand the purpose of taking the antiretroviral medication (Medication Name: Biktarvy®) for the treatment of HIV. Additionally, I am aware of the potential side effects of this medication and the importance of adhering to the prescribed regimen.

I agree to the following terms. If I disagree with any of the items below, I will not be eligible to join this program:

(1) I agree to receive the Biktarvy® medication provided by the Taiwan Centers for Disease Control and to take the medication as prescribed by my physician. I will also participate in necessary health education, counseling and follow-up examinations. The physician has the right to refuse, suspend, or terminate my participation in this program based on professional assessment.

(2) I understand that this program only provides the Biktarvy® medication and subsidies for HIV treatment follow-up tests, including viral load and CD4 lymphocyte count tests. Other medical services will be covered either by the National Health Insurance or at my own expense.

(3) I agree to have blood samples taken regularly at designated HIV medical institutions, as required by the Taiwan Centers for Disease Control, for viral load and CD4 lymphocyte count tests. These tests are conducted to assess the effectiveness of the treatment and to predict future disease progression risks.

(4) I understand that if I discontinue medication without physician evaluation, the HIV virus may develop drug resistance, increasing the difficulty of treatment and the risk of severe illness or death.

(5) I agree to return for regular follow-ups and medication adherence after joining the program. I acknowledge that if I discontinue treatment for more than three months, my participation in the program will be terminated.

(6) I understand that the subsidized medication provided by this program is prescription-only and that transferring it to others is a violation of Article 50 of the Pharmaceutical Affairs Act, punishable by a fine of up to NTD$2,000,000 in Taiwan. Therefore, I will comply with the program’s rule that medication must be prescribed and used following physician evaluation and must not be provided to others. I also agree not to resell the subsidized medication and understand that these medicines are subsidized by the Taiwan Centers for Disease Control. If I violate the regulations and resell the medicines, I could be fined up to NTD$5,000,000 in

accordance with Article 28 or Article 55 of the Pharmaceutical Affairs Act.

(7) After the program ends, I will continue to follow medical advice, undergo regular treatment and attend follow-up appointments to avoid the risk of developing drug resistance, severe illness or death due to treatment interruption.

The Undersigned: _____(Signature or Seal)

UI No. for Foreign Nationals:

Contact Phone Number:

Residential Address:

Date: Year / Month / Day

Pharmaceutical Affairs Act Article 28: “Dealers of western pharmaceuticals and their sales shall have a full-time resident pharmacist for management.”

Pharmaceutical Affairs Act Article 50: “Drugs requiring prescription of a physician shall not be dispensed or supplied in the absence of such prescription.”

Pharmaceutical Affairs Act Article 55: “Samples or gifts of medicaments which have been approved for manufacturing or import, shall not be sold.”

--The original copy of this consent form should be retained by the designated medical institution for reference.--