## Opt-in permission to be contacted for future Takeda campaigns



## Thank you for your interest in our Hunter syndrome/MPS II initiatives!

Takeda is working hard to increase awareness of MPS II and is looking for MPS II families, caregivers and patients who would be willing to help in our efforts by being featured in future campaigns. Participation is completely voluntary and initiatives may include photo-shoots and interviews for future campaigns.

Do you give permission to be contacted by a Takeda representative or agency partner about possible involvement in future campaigns and initiatives (e.g. photo-shoots or interviews)? Your information will be used only for the purpose described. You can withdraw your consent at anytime by contacting privacyoffice@takeda.com.

Yes	No		
If yes, thank you! Co	ould you please tell us about yourself?		
How would you pre	fer to be contacted?		
Phone	Email		
Required contact de	etails:		
First name	Las	t name	
Phone(only required if preferred	method of contact)		
Email address (only required if preferred	method of contact)		
What is your relation	n to the MPS II community? (are you a paren	it, sibling, caregiver, patient?)	
	this form on behalf of someone with MPS II nation provided will be protected as part o		elow section.
Full name [if differe	nt to the above]		
Date of birth?			
Does anyone else in	the family have Hunter syndrome? Yes	No	
If yes to the above, I	olease could you tell us about them? E.g. nai	me, age, relation:	
	segment about your experience of life living ace, please use the back of this form!	with MPS II, so we can get to kno	w you a little better.
Please print your na	me:		i
•			
Dationt (Daront/Guardian	if nationt is under the age of 18)		

Please see our <u>Privacy notice</u> for information concerning Takeda's privacy practices and your rights to personal data that Takeda has collected about you.



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				••••••	

## Thank you!

Once you have completed this form, please return to <a href="mailto:kitty.clarke@tvf.co.uk">kitty.clarke@tvf.co.uk</a>

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