

MEDICAL INFORMATION REQUEST



***Denotes required field**

Date*: _____

First Name*: _____ Last Name*: _____

Please tick one*: I am a healthcare professional I am not a healthcare professional

Title: _____

Institution or Organization: _____

E-mail Address*: _____ Phone: _____

Address: _____

City: _____ State or Region: _____ Postal Code: _____

Country: _____

Inquiry Request*:

I confirm that the information requested was unsolicited and it's intended for educational purposes only.

I confirm that this is not an Adverse Event Report.

Your personal and/or sensitive data (together "data") will be controlled and processed by Cycle Pharmaceuticals Ltd, located at Little St Mary's Lane, Cambridge, CB2 1RR, United Kingdom (hereinafter, "Cycle"). Your data will be processed for the purposes set out in this form (for which we have a legitimate interest) and for other purposes, where we have a legal basis, or legal obligation (including pursuant to applicable law), to process such data (such as to exercise, respond to and/or defend against legal claims, to fulfil regulatory obligations and/or to respond to questions and queries from you regarding your data). If you have any questions or queries about the processing of your data (including any special categories of personal data), or you wish to exercise your rights in relation to access your data or have a copy of it, to correct your data, to have your data deleted, or you wish to object to the processing of your data or restrict the processing of it in any way or to have your data transferred to another data controller, you should contact Cycle by email at dataprotectionofficelegal@cyclepharma.com or to the postal address set out above, made out for the attention of the Data Protection office. Your information may be shared internally within Cycle for the purposes set out in this form. We will not share your data with third parties unless needed to fulfil the matters set out in this form. We will hold your data on file for five (5) years. At the end of such 5-year period, your data will be deleted or destroyed (unless we need to retain it for longer to exercise, respond to and/or defend any legal claims and/or fulfil regulatory obligations). Nothing herein affects your statutory rights.

Signature*: _____

E-mail this form to: MedInfo@cyclepharma.com or call (toll Free Canada and US) +1 800 841 0898