

Targeted questionnaire

1. Please confirm the diagnosis of PML, whether it is suspected, confirmed or indeterminate.

2. Had patient received an organ transplantation and taken concomitant immunosuppressant medications? If yes, please specify

3. Please mention any co-morbid conditions in patient including rheumatoid disease or cancer?

4. Any history of chronic infection in patient or uncontrolled infection?

5. Whether patient has any co-morbid conditions of immunosuppression like HIV or autoimmune diseases?

6. Whether patient had any bone marrow suppression while starting Teri-EM therapy?

7. Whether blood tests were conducted before the start of treatment?

8. Any serious infection(s) while the patient was on Teri-EM and what diagnostic tests were carried out to confirm (e.g. Brain biopsy, CSF analysis, PCR, MRI)?

9. What is Expanded Disability Status Scale (EDSS) score prior to symptoms?

10. What is Expanded Disability Status Scale (EDSS) score after onset of symptoms?

11. Did patient receive any treatment for PML? If yes, please specify

12. Whether reporter consider reported adverse reaction related or not related to Teriflunomide?

Additional details to be mentioned here if not covered in above sections:

REPORTER DETAILS

Name & Surname	Occupation	Telephone No.	E-mail
Address with Post Code	Signature	Date	