
**THE IRESSA[®] ACCESS PROGRAM
PHYSICIAN CERTIFICATION FORM**

1. I certify that I have reviewed the revised Prescribing Information for IRESSA[®] (gefitinib tablets). I am familiar with the results of the non-small cell lung cancer refractory disease survival study known as Trial 709 or ISEL (IRESSA Survival Evaluation in Lung cancer) that are referenced in the revised Prescribing Information. I am also familiar with the content of the Indications and Usage section of the revised Prescribing Information.

2. I certify that I am a treating physician for the patient named below, and that this patient qualifies to receive IRESSA through the IRESSA Access Program because [*check applicable box*]:
 - the patient has taken IRESSA prior to September 15, 2005 and is benefiting or has benefited from it; or

 - the patient (new patient or previously enrolled) is in an IRESSA clinical trial approved by an IRB prior to June 17, 2005 [*provide details below*]

Title of Trial:

IRB Approval Date:

Total # patients enrolled including current patient/ /total # of patients planned to be enrolled per protocol:

3. I certify that I, or a healthcare provider acting under my direction, provided the patient named below with information about the risks and benefits of IRESSA and other available treatment options, as contained in the Patient Consent Form for the IRESSA Access Program, and that all of the patient's questions about treatment with IRESSA and/or other available treatment options were answered fully and appropriately.

Name of Physician (*print*)

Name of Patient (*print*)

Signature

Date

State and Medical License Number

DEA Number (*if applicable*)

Physician Office Telephone Number

*Retain this original executed form with the original executed Patient Consent Form for this patient in your files.
Submit copies of both forms with a prescription for IRESSA to Priority Healthcare by fax to 1- 888-792-9831 or by
mail to: Priority Healthcare, 250 Technology Park, Lake Mary, FL 32746 ATTN: IRESSA ACCESS PROGRAM.
Priority Healthcare will fill the prescription on or after September 15, 2005.*