Diagnosis Information: (please indicate the diagnosis and answer the related questions)

☐ Spinal Muscular Atrophy (SMA)
   - Please send in medical records (such as genetic testing, labs) confirming 5q SMA homozygous gene mutation, homozygous gene deletion, or compound heterozygote.
   - If the member has Spinal Muscular Atrophy, please provide which type of SMA the member has: __________________________

☐ Other, please specify ________________________________________________

General Questions:
1. Is the medication prescribed by or in consultation with a pediatric/adult neurologist or a physician who is an expert in neuromuscular disorders?
   ☐ Yes ☐ No __________________________

2. Will lab testing for platelet counts be completed at baseline and prior to each dose? Yes or No

**Form must be completed and signed by physician or licensed representative from the physician’s office**
Diagnosis Information: (please indicate diagnosis and answer related questions):

☐ Spinal Muscular Atrophy (SMA)

1. Is the medication prescribed by or in consultation with a pediatric/adult neurologist or a physician who is an expert in neuromuscular disorders?
   ☐ Yes ☐ No _____________________________

2. Will lab testing of platelet counts be completed prior to each dose? Yes or No

☐ Other, please specify _____________________________

*Form must be completed and signed by physician or licensed representative from the physician’s office*