

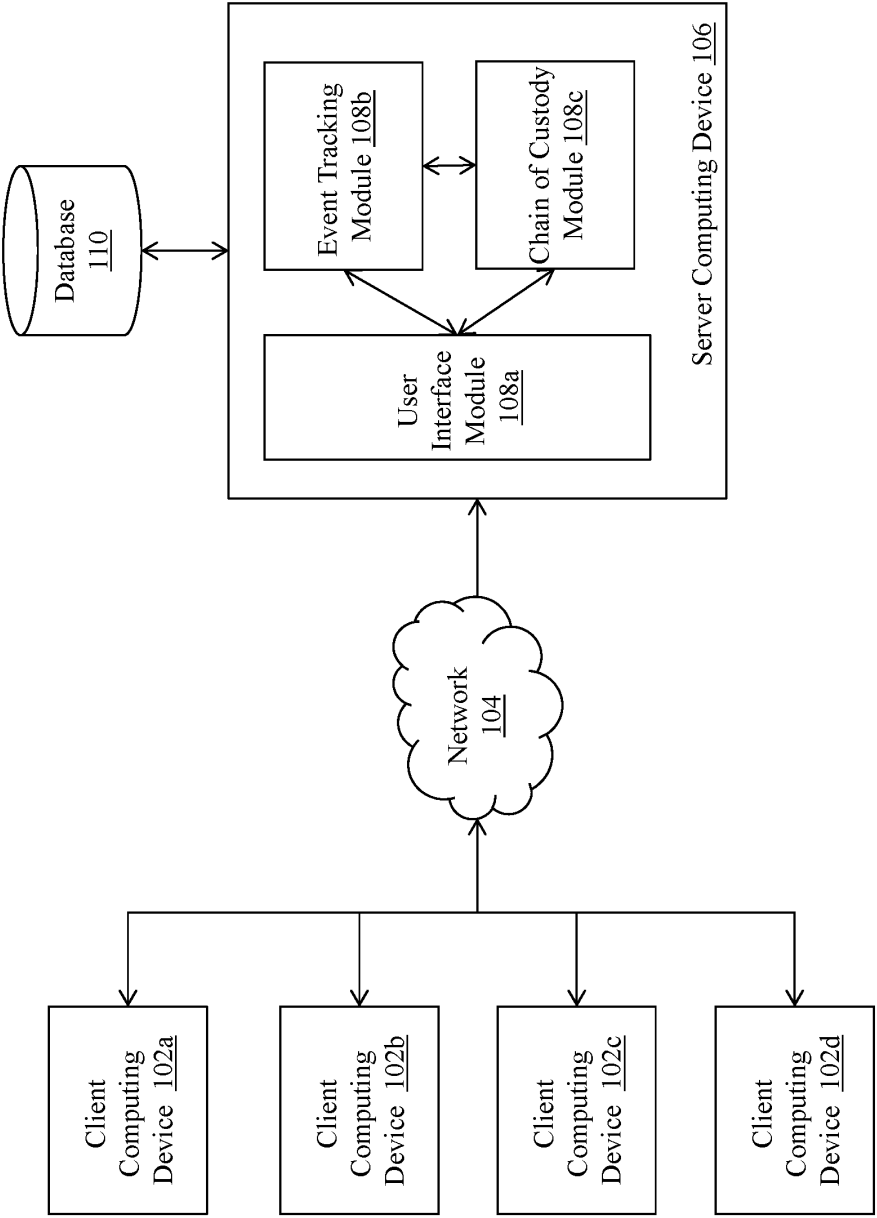


FIG. 1A

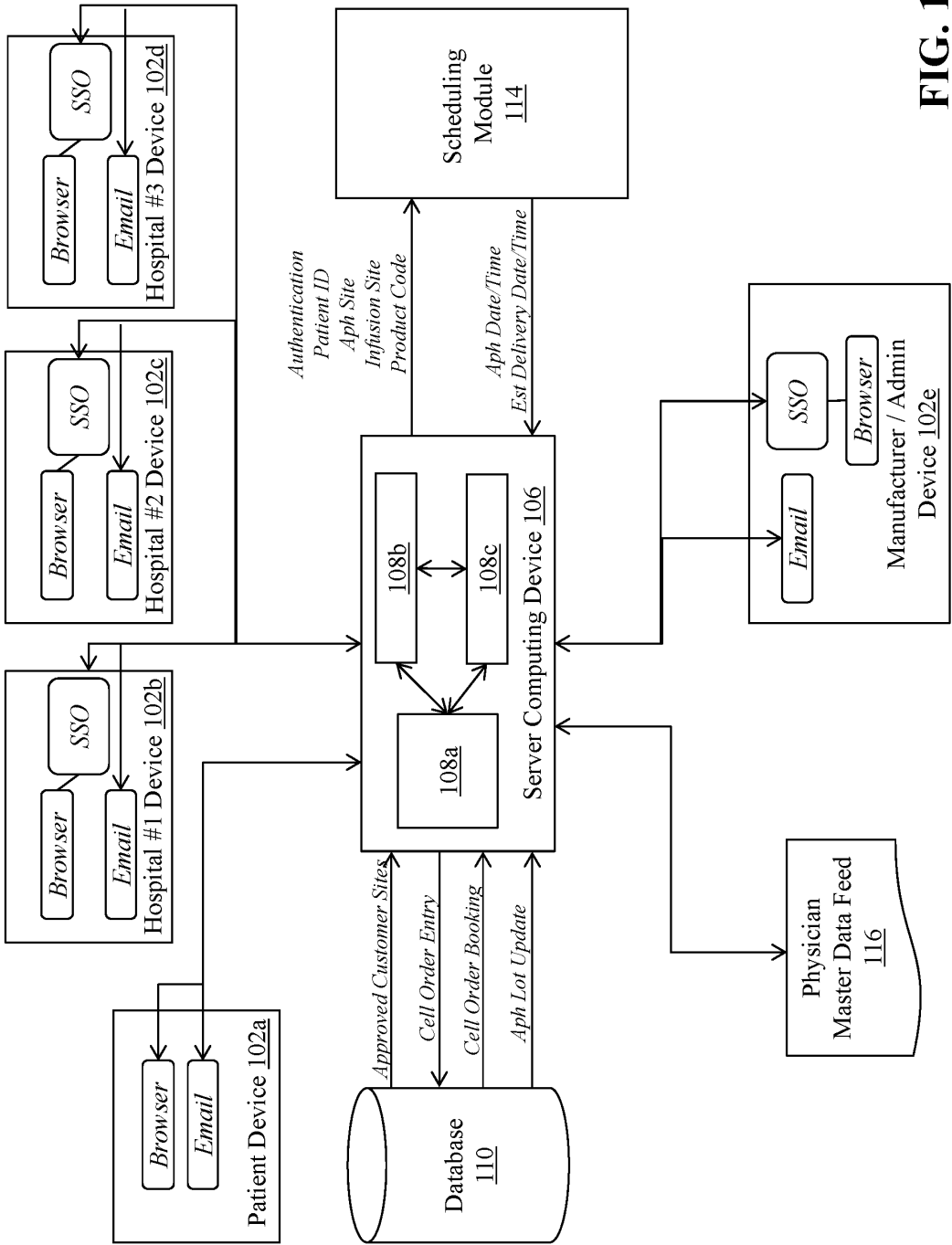


FIG. 1B

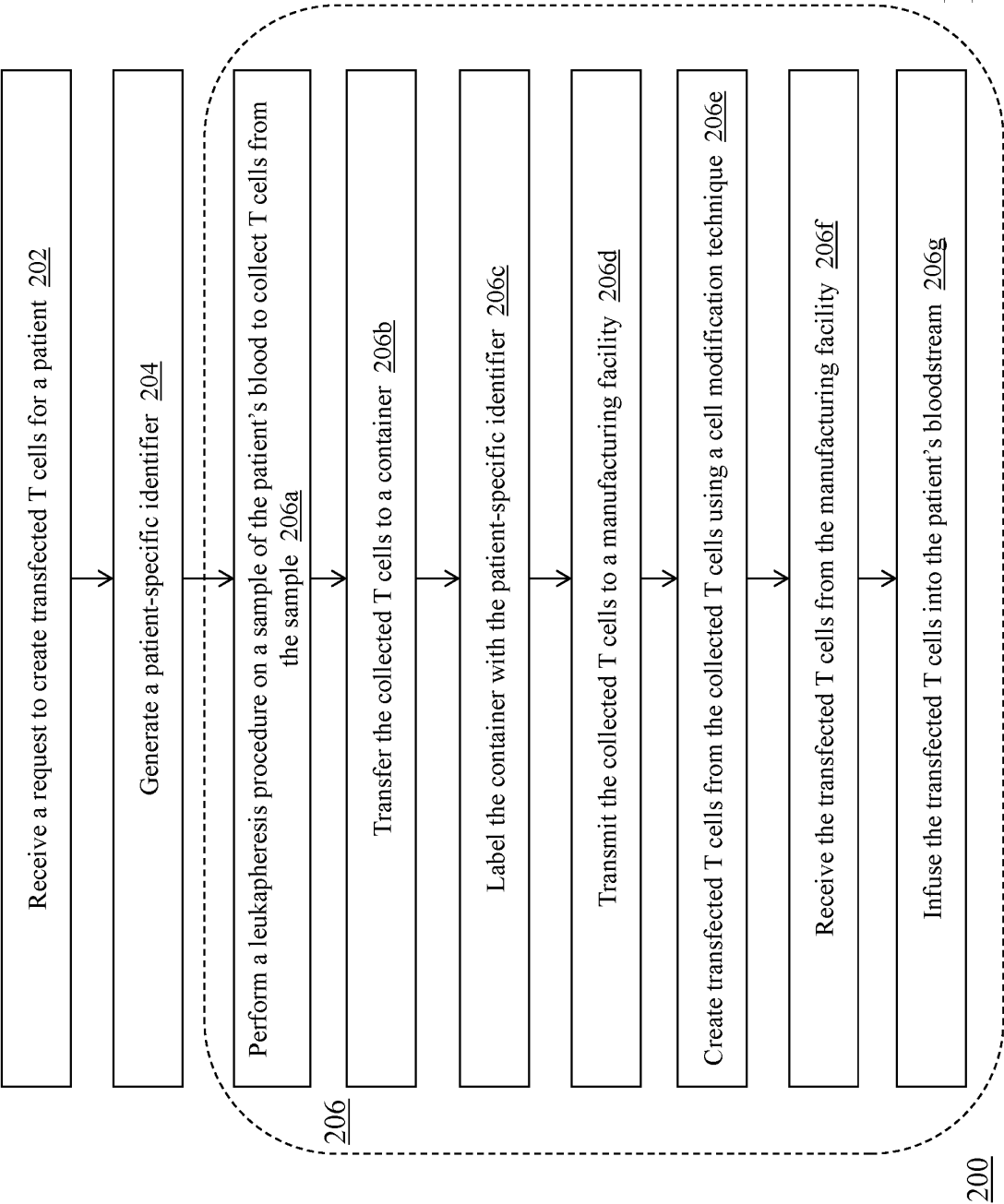


FIG. 2

Please Register Your Patient

First Name*

John

Middle Name

Q.

Last Name*

Public

DOB (Year)*

1985

(Month)*

Sep

(Day)*

24

Gender*

Male

Female

Treating Physician*

Jane Doe

X

Would you like to add your own Hospital Patient ID to the Kite Konnect™ Patient record?*

Yes

No

ID Type

MRN

Patient ID*

12345678

Cancel

Submit

FIG. 3A



Verify Your Patient Information Before Continuing

Patient Name	Hospital Patient ID
Public, John Q.	MRN: 12345678
Patient Date of Birth	Patient Gender
24-Sep-1985	Male
Physician Name	Physician NPI
Doe, Jane	
Physician Phone	Physician Email

Back

Confirm and Continue to Cell Order

FIG. 3B

Patient Team

Medical Information

Schedule Treatment

Confirm Order



Apheresis Center

Please confirm the address and contact information for the delivery and pickup of your Leukapheresis kit.

Delivery Address

Apheresis Center
7 Elm Street
Anytown, USA 00000

Drop-Off Contact:*

(The Drop-Off Contact is the person who will accept the Leukapheresis Kit.)

Change

Apheresis Contact
(555) 555-5555

Pick-Up Contact:*

(The Pick-Up Contact is the person who will meet the courier with the Leukapheresis material/patient cells.)

Change

Apheresis Contact
(555) 555-5555

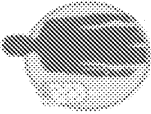
Special Instructions (90 chars max)

Use this area to provide us with any alternate Drop-Off and Pick-Up contacts

Save & Exit

Save & Next

FIG. 4A



Treatment Site

Please confirm the address and contact information for the delivery of your final product.

Delivery Address

Treatment Site
1 Main Street
Anytown, USA 00000

Treatment Site Drop-Off:*

(The Treatment Site Drop-Off Contact is the person who will accept the Final Product from the courier.)

Change

Treatment Pickup
(305) 555-1212

Treatment Site Pick-Up:*

(The Treatment Site Pick-Up Contact is the person who will return the empty LN2 to the courier.)

Change

Treatment Pickup
(305) 555-1212

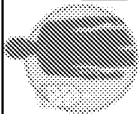
Special Instructions (90 chars max)

Use this area to provide us with any alternate Drop-Off and Pick-Up contacts

Save & Exit

Save & Next

FIG. 4B



Treatment Site

Delivery Address

Treatment Site
1 Main Street
Anytown, USA 00000

Treatment Site Drop-Off:*

(The Treatment Site Drop-Off Contact is the person who will accept the Final Product from the courier.)

Treatment Pickup
(305) 555-1212

Special Instructions

Treatment Site Pick-Up:*

(The Treatment Site Pick-Up Contact is the person who will return the empty LN2 to the courier.)

Treatment Pickup
(305) 555-1212

Edit

Click below to schedule your treatment

Open Scheduler

Save & Exit

Continue to Continue to Edit Cases

FIG. 4C

SCHEDULING HELPER

Please select a date for Apheresis from the available days below.

Apheresis

LOCATION

DATE

TIME (PDT)

APH CENTER Test Institution

29 Aug 2017

08:00

06:00
07:00
08:00
09:00
10:00

Treatment

LOCATION

DELIVERY DATE

APH CENTER Test Institution

18 Sep 2017

←

Sun

Mon

Tue

Wed

Thu

Fri

Sat

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

Kit Delivery

September

→

Sun

Mon

Tue

Wed

Thu

Fri

Sat

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

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19

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23

24

25

26

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28

29

30

Estimated Delivery

Close

Save

FIG. 4D

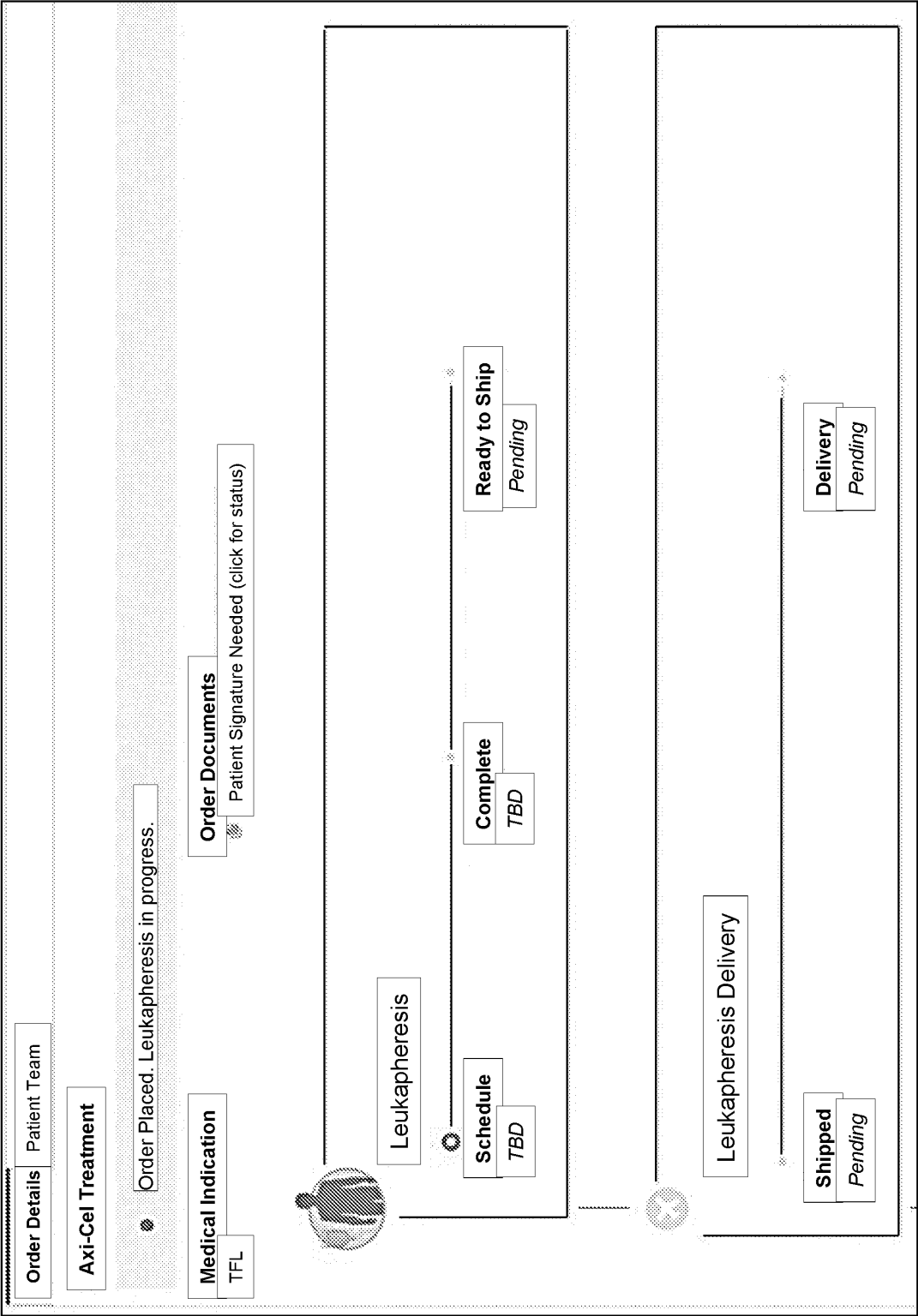


FIG. 5A

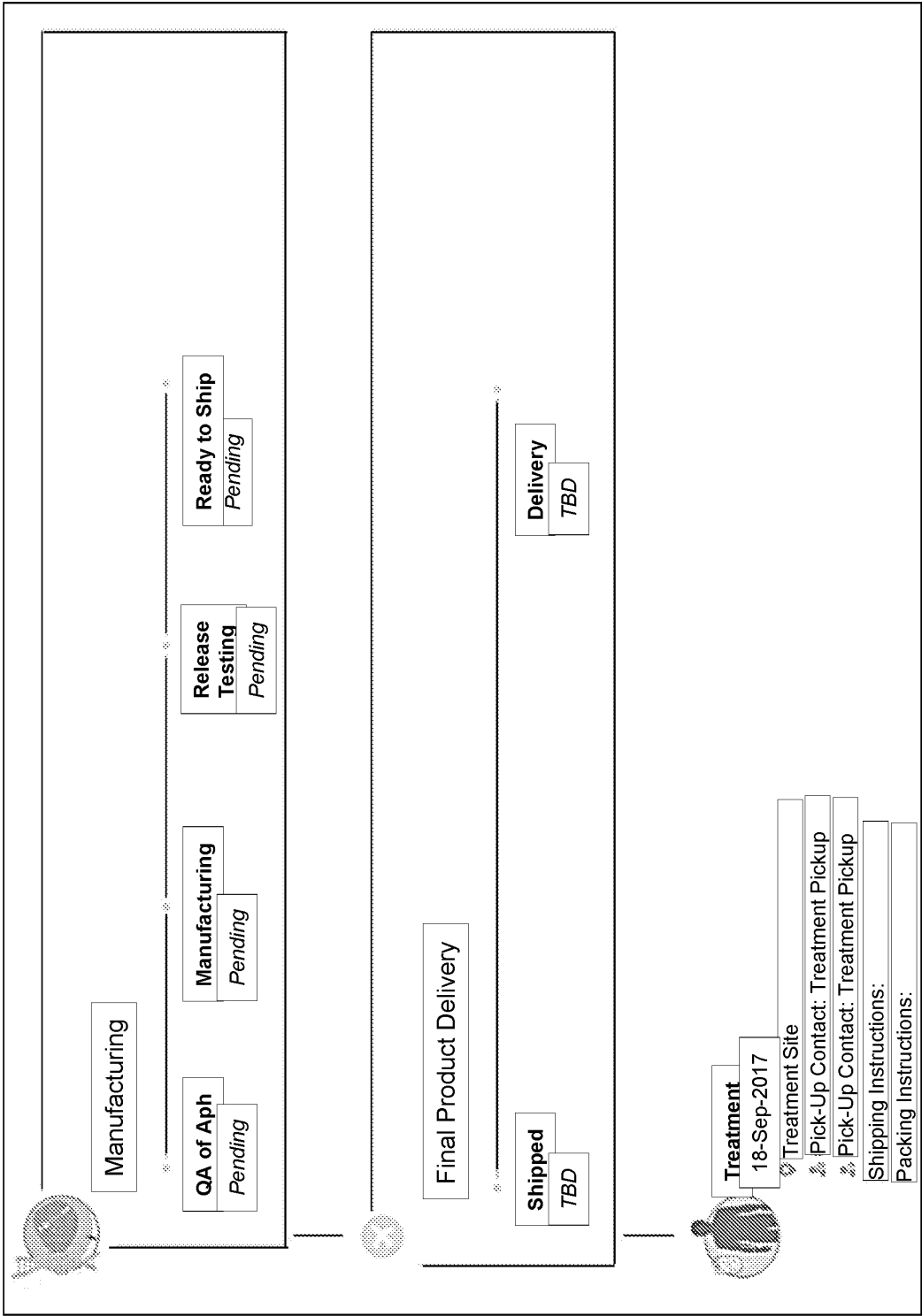


FIG. 5B