

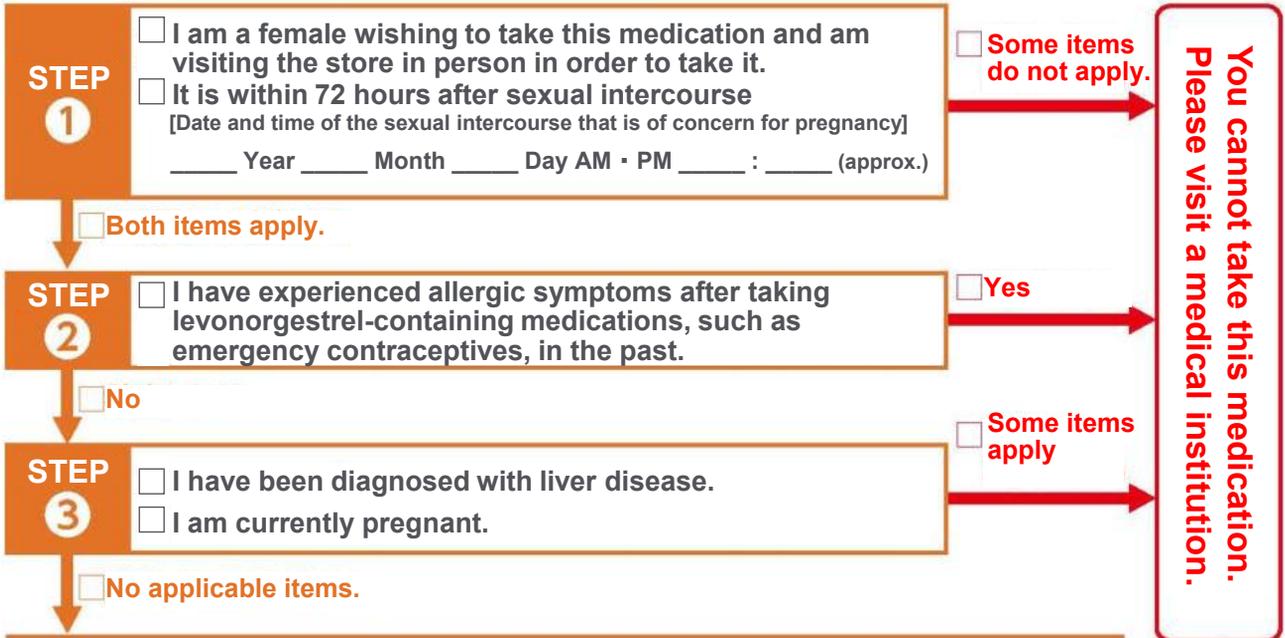
# NORLEVO Pre-Administration Confirmation Checklist Part 1

This medication is an emergency contraceptive that must be taken within 72 hours after sexual intercourse. At the point of sale, you must receive an explanation from a pharmacist who has completed training on the sale of NORLEVO (hereinafter referred to as "training-certified pharmacist"). If you wish to take this medication, you must purchase one tablet and take it in the presence of the training-certified pharmacist. Please note that depending on your circumstances, a pregnancy test may be required before purchase, or purchase of NORLEVO may be restricted.

I understand

Before going to the point of sale, please follow the flowchart below and check the boxes  that apply to you to confirm whether you may be eligible to take this medication.

\*It is also possible to complete this checklist at the point of sale.



## You may be eligible to take NORLEVO.

If you wish to take this medication, you must go to the point of sale in person, complete the pre-administration confirmation with a training-certified pharmacist, and if it is determined that you are eligible to take the medication, purchase one tablet and take it in the presence of the training-certified pharmacist.

\*Completion of Checklist Part 2 is required. Please fill it out.

Use the store locator or other means to find the nearest store, contact the store by phone in advance if necessary, and then visit the store. By bringing a complete version of this checklist and Checklist Part 2 with you when you visit the store, some steps at the point of sale can be omitted.

\*<https://map2.daiichisankyo-hc.co.jp/>

I understand the above explanation.

### ● Medical Institution Search

The search for gynecology and obstetrics facilities is managed and operated by the Women's Healthcare Service "LunaLuna." It is also available via the "LunaLuna" app.



<https://medicopt.ln.ln.jp/clinic>

### ● Consultation is available at the One-Stop Support Center.

\* The One-Stop Support Center is a consultation service for sexual crimes and sexual violence. It is also connected with specialized institutions such as obstetrics and gynecology medical care, counseling, and legal consultation.

Please call the nationwide toll-free number or the number of the nearest One-Stop Support Center, as listed on the website.

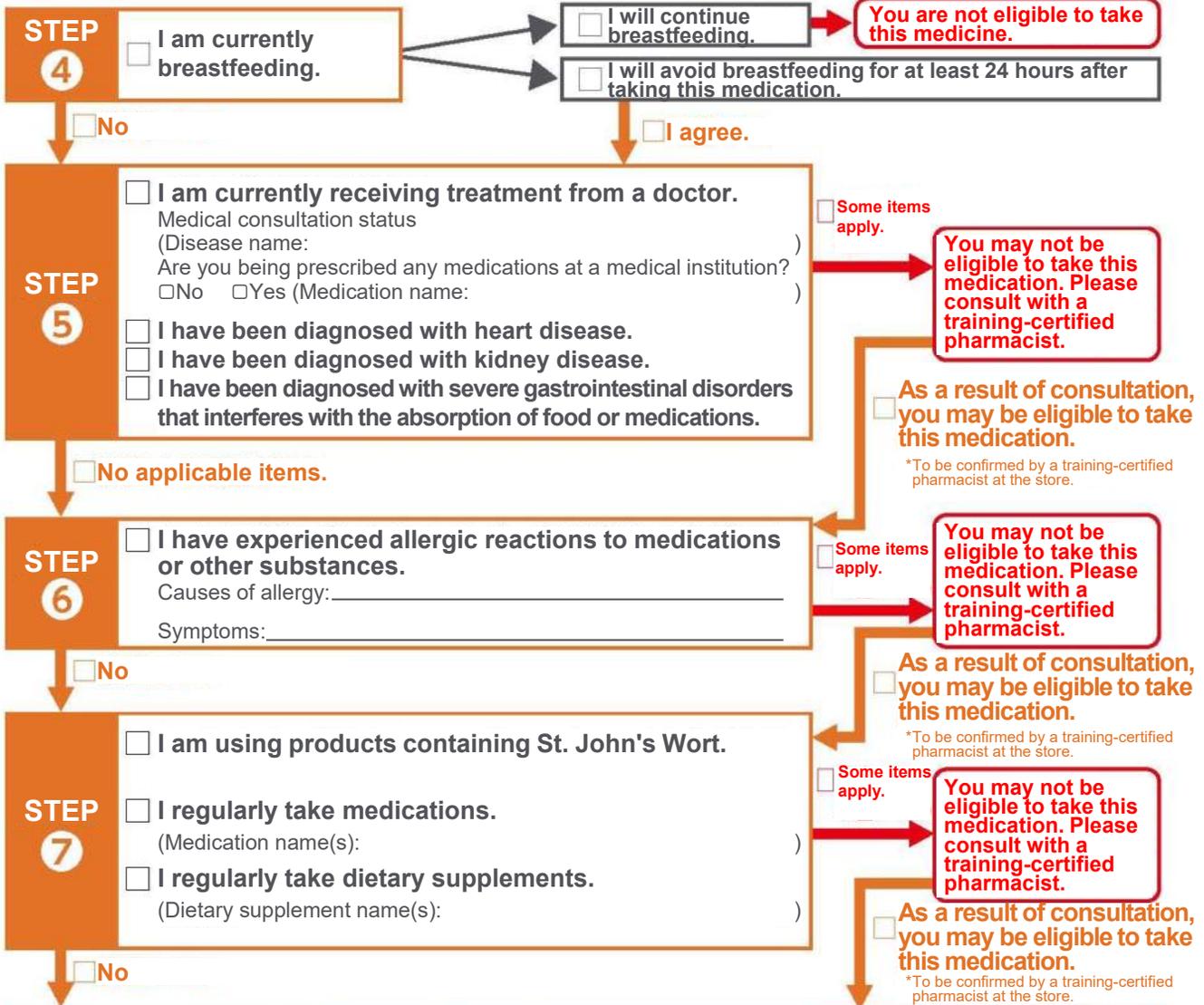
Telephone  
#8891



[https://www.gender.go.jp/policy/no\\_violence/seibouryoku/consult.html](https://www.gender.go.jp/policy/no_violence/seibouryoku/consult.html)

# NORLEVO Pre-Administration Confirmation Checklist Part 2

Before purchasing, please check according to the flowchart below to confirm whether you are eligible to take this medication.



**You may be eligible to take NORLEVO. Please complete the following items.**

Your most recent menstrual period	<p>● <b>Menstrual cycle</b></p> <p><input type="checkbox"/> Regular (____ days)    <input type="checkbox"/> Irregular (approximately ____ days - ____ day)    <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Menstruation has not resumed after childbirth, miscarriage, or abortion.</p> <p>● <b>Start date of the most recent menstrual period</b></p> <p>_____ Year _____ Month _____ Day    <input type="checkbox"/> Don't know</p> <p>● <b>Compared to your normal menstrual period, regarding the bleeding amount and duration</b></p> <p><input type="checkbox"/> Bleeding amount (lighter/heavier)    <input type="checkbox"/> Menstrual period (shorter/longer)    <input type="checkbox"/> No change</p> <p><small>*Circle the applicable option in ( )</small></p>
Previous sexual intercourse	<p>● <b>Sexual intercourse more than 3 weeks ago*</b>    * Do not include sexual intercourse before the menstrual period prior to the most recent menstrual period.</p> <p><input type="checkbox"/> Did not occur    <input type="checkbox"/> Occurred</p> <p>● <b>Sexual intercourse other than this one within the past 3 weeks</b></p> <p><input type="checkbox"/> Did not occur    <input type="checkbox"/> Occurred</p> <p>● <b>Sexual intercourse before this one since the most recent menstrual period that could result in pregnancy</b></p> <p><input type="checkbox"/> Did not occur    <input type="checkbox"/> Occurred</p>
Age	<p>● <b>I am under 16 years old.</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
Other	<p>● <b>Have you ever used emergency contraceptive before?</b></p> <p><input type="checkbox"/> Yes [Number of times used: ( ) times, most recent use (around Month ____ Year ____)]</p> <p><input type="checkbox"/> No</p> <p>● <b>Will you be residing or staying in Japan 3 weeks from now?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>(If you have any other concerns, please write them here. _____)</p>