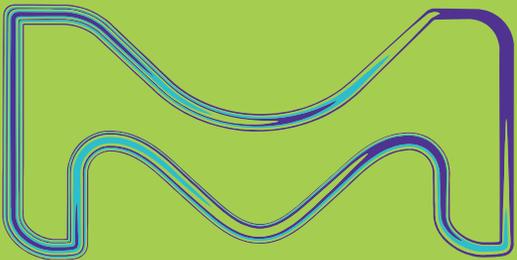


Quick Guide to Funding Requests

EMD Serono's Funding Request Process

January 2023



EMD SERONO

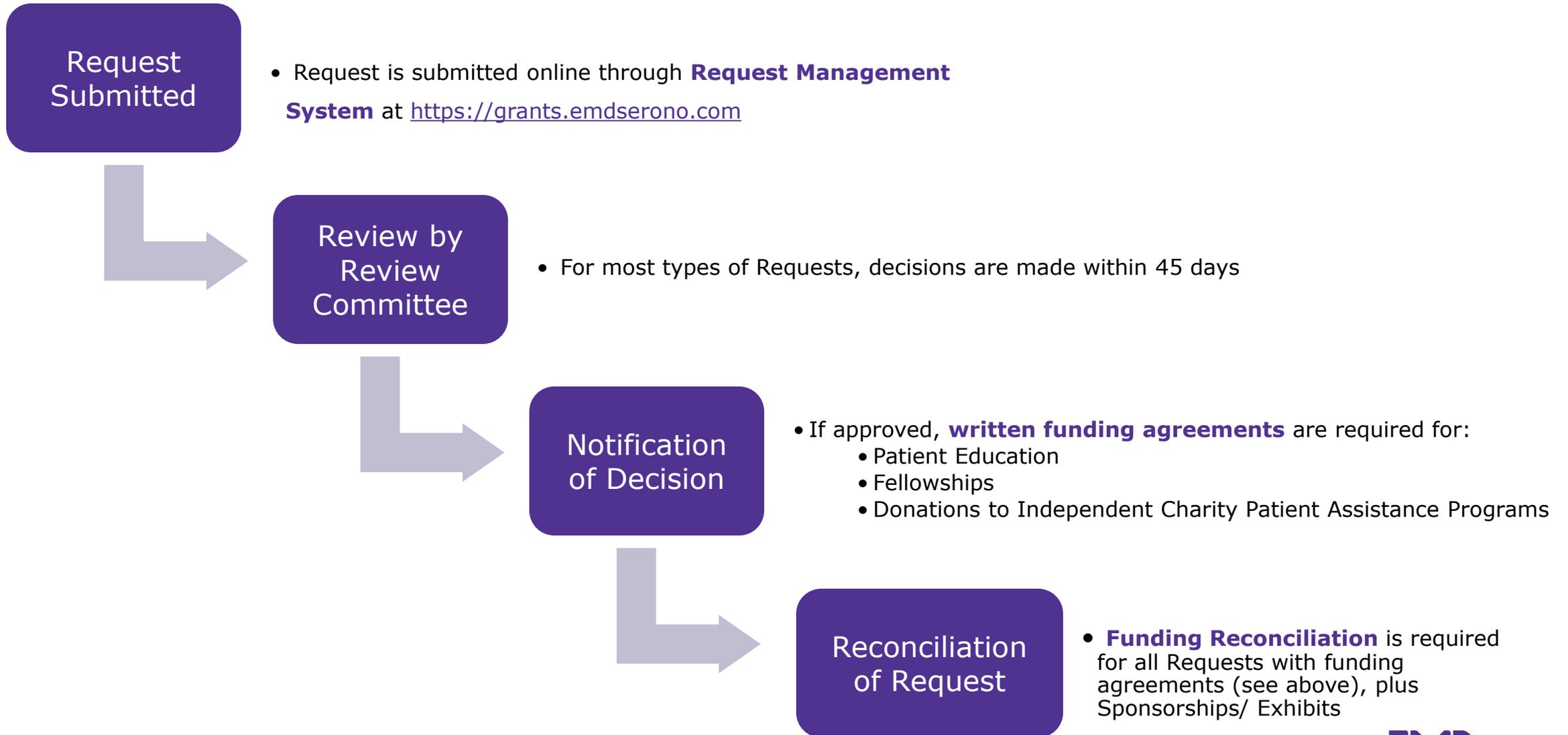
Quick Guide

- This Quick Guide tells you about our Funding Request Process
- **Topics Covered:**
 - High-Level Overview of the Process
 - EMD Serono's Funding Priorities
 - Types of Funding Requests
 - Funding Requirements & Funding Restrictions for each type of Request
 - How To's
 - How to Register
 - How to Request Funding
 - How Requests are Reviewed
 - How Payment Works
 - How Close-Out Works

High-Level Overview

01

High-Level Overview of the Process



Funding priorities

02

Aligning our Corporate Giving with our Corporate Values

Our Corporate Responsibility Commitment

- As responsible corporate citizens, we are committed to **addressing diversity, inclusion, and equality** in our communities, medical schools, research labs, medical practices, clinical trials, classrooms and communities.
- We strongly believe we can meet our corporate vision (supporting good science) while also meeting our corporate responsibility commitments (addressing diversity and historic inequalities)

We prioritize support for Requests that **advance dual purposes** - improving healthcare knowledge/advancing patient care, while **also** advancing diversity, inclusion and equality in the practice of medicine, treatment of patients, and training of healthcare providers.

Keep this in mind when preparing your Funding Requests

Examples of dual-purpose requests

- A fellowship program which prioritizes giving a portion of their funds to candidates from historically underrepresented racial backgrounds
- Community programs that raise awareness of diseases which disproportionately affect Black, Brown or Indigenous communities
- Patient advocacy groups who are dedicated to serving underserved patient populations (based on race, ethnicity, gender, sexual identity/preference, or socio-economic status, etc.)

Types of Funding Requests

03

Types of Funding Requests

These types of Requests are handled online through our **Request Management System**:

1. Sponsorships, Exhibits & Displays
2. Patient Education
3. Charitable Contributions
4. Fellowships
5. Donations to Independent Charity
Patient Assistance Programs
6. Accredited Medical Education Grants

Requests for
Investigator Sponsored Studies
are handled online through
our **StartOne** system at
<https://startone.vibrantm.com/>

Sponsorships

Funding Requirements

- **Eligible Organizations:** Any type of organization may request a sponsorship. They are not limited to non-profits.
- **Ineligible People and Organizations:** Physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals, college alumni associations or religious organizations for sectarian religious purposes (secular programs of faith-based organizations will be considered if otherwise permissible).

Funding Requirements (cont.)

- **Purposes:** A sponsorship is a funding request related to a specific event or activity, including exhibit and display opportunities.
 - In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
 - This type of funding Request may **not** be used to “sponsor” a **specific, individual accredited continuing education program** at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate.
 - Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.
- **Examples:** third-party conferences, meetings, programs, events, exhibit booths, and display tables such as bike-a-thons, walk-a-thons, gala-type fundraising dinners, medical society or advocacy group’s annual meetings (e.g., tier sponsorship = gold, silver, etc.).

Patient Education

Funding Requirements

- **Eligible Organizations:**
 - Patient advocacy groups, medical societies, and professional medical education companies are eligible to request funding for patient education activities.
- **Ineligible People and Organizations:**
 - Funding for independent patient education events and activities may not be made to individual HCPs, physician group practices, physician-owned clinics, managed care organizations, or pharmacy benefit managers.

Funding Requirements (cont.)

- **Eligible Activities/Events:** The activities must be **medical and/or scientific educational activities** directed to patients and/or their caregivers. Education must be the primary focus of the activity and any entertainment or recreation included must be modest and further the educational goals of the educational activities and must be clearly subordinate to the time for education. The activity can take the form or format of live or virtual seminars, webinar, condition-specific website for patients, etc.
- **Examples** of educational activities eligible for this type of funding are a patient seminar or webcast on a specific disease or condition, a national patient education program on MS, and a website devoted to educating patients on a disease or condition.
- Activities/events must be open to patients from a broad community, non-discriminatory, and will not be restricted to patients currently prescribed EMD Serono Products.
- Activities/events are prohibited from occurring in an office of an HCP, Physician Group, or Physician-owned clinic.

Charitable Contributions

Funding Requirements

- **Eligible Organizations:** Bona fide Section 501(c) charitable non-profit organizations are eligible.
 - A non-profit organization is one that does not distribute its profits to its owners and is typically organized for educational, charitable or scientific purposes.
 - The organization must have been **designated as not-for-profit** by appropriate state and federal agencies, including but not limited to:
 1. Certain charities and patient advocacy groups designated by a 501(c)(3) status;
 2. Professional medical associations or similar organizations designated by a 501(c)(6) status;
 3. Civic and cultural organizations designated by a 501(c)(4) status.
 - EMD Serono may provide charitable contributions to an institutional healthcare providers or healthcare organizations (*e.g.* a hospital or its related foundation) as long as the donation is part of a general fundraising campaign open to other contributors.
- **Ineligible People and Organizations:** Physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals, college alumni associations or religious organizations for sectarian religious purposes (secular programs of faith-based organizations will be considered if otherwise permissible).

Funding Requirements (cont.)

- **Eligible Purposes:** This type of funding is made for the **general operation** of the non-profit to support its broad charitable purpose or mission.
 - The mission can be healthcare related (e.g., donation to a hospital) or non-healthcare related (e.g., donation to a school).
- Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation.
 - **Examples:** Contribution to a charity's Annual Fund (general operating fund), annual end-of-year campaign drive, or general fundraising drive.
 - **Tips:**
 - **If a Request relates to a specific event or activity**, (like a Bike-a-Thon, Walk, Annual Meeting or Gala Dinner), then the proper type of Request is one for a Sponsorship, or Patient Education, not a Charitable Contribution.
 - **If a Request relates to a Patient Assistance Program**, then the proper type of Request is one for a **donation to an Independent Charity Patient Assistance Program**, not a Charitable Contribution.
- **Prohibited Purposes:** Charitable donations must not be used for capital campaigns or building funds, or any political or religious purpose.

Fellowships

Funding Requirements

- **Eligible Organizations:**

1. **Medical societies** (e.g., ASCO, AAN, ASRM, ISDA, etc.) – defined as professional organizations which typically focus on advancing their profession as a primary goal
2. **Academic medical centers and clinical centers**
3. **Universities**
4. **Other Scientific Organizations**
5. **Patient advocacy organizations** (e.g., American Cancer Society, etc.) – defined as formally organized nonprofit groups that (i) concern themselves with medical conditions or potential medical conditions and (ii) have a mission and take action that seek to help people affected by those medical conditions or to help their families and caregivers
6. **NIH** – The U.S. National Institutes of Health and similar federal or state agencies

- **Ineligible People and Organizations**

- Fellowship grants may not be made to individual HCPs, physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers or hospitals that are not academic medical centers.

Funding Requirements (cont.)

- **Types of Fellowships Eligible for Funding**

- **Traditional clinical or research fellowships** - programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduates or fellows.
- **Advocacy fellowships** – programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills.
- **Diversity, equity and inclusion fellowships** – programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations.
- All fellowships must be based in the U.S.

Funding Requirements (cont.)

• Selection of Fellows

- Fellows must be selected by the recipient or, if designated by the recipient, the institution at which they are being trained or by another independent selection organization. EMD Serono shall not be involved in selection of fellow.
- In addition, if NIH or another similar federal or state agency is the recipient, fellows must be intramural physicians at those agencies.

• Prioritization of Funding

- Reflecting our commitment to advance **diversity, inclusion and equality** in the practice of medicine, treatment of patients, and training of healthcare providers, we give priority to Requests for fellowship programs that:
 - Support the career development, training, and retention of HCPs who are members of gender, racial and/or ethnic groups that are **historically underrepresented** in academic medicine and biotech research, or
 - Support patient advocacy training relating in whole or part to serving **underserved patient populations** (based on race, ethnicity, gender, sexual identity/ preference, or socio-economic status).

Funding Restrictions (cont.)

Restrictions on Use of Fellowships Funds

- Fellowship funds may be used only for **direct expenses** associated with the Fellowship, such as salary, fringe benefits, textbooks, etc.,
 - Fellowship funds may be used to cover the costs of travel, lodging and registration for Fellows to attend major educational, scientific or policymaking meetings of national, regional or specialty medical associations.
- Fellowship funds may not be used to subsidize routine business expenses of an organization.
- Fellowship funds may not be used to pay for salary or any portion of a position that bills for services.
 - If the Fellowship position includes both billable services and non-billable research or teaching, then fellowship funds may only be used to fund the activities devoted to **non-billable teaching or research**.

Donations to Independent Charity Patient Assistance Programs

Per our long-standing **“As One for Patients”** initiative, EMD Serono supports patients who cannot afford their medicines and treatment through donations to independent charitable organizations who operate qualifying patient assistance programs. EMD Serono does not influence or control the eligibility criteria or any operational aspects of these programs or the organizations. EMD Serono will not receive any information about specific participants or selection determinations made by the organization.

Funding Requirements

- **Eligible Organizations:** An organization must be a bona fide Internal Revenue Code (“Code”) Section 501(c)(3) non-profit organization and located within the United States.
- **OIG Opinion:** The organization must have a current, favorable Office of Inspector General (OIG) opinion that supports the organization’s program and must operate its program in accordance with that OIG opinion.
- **Board of Directors:** The organization must be governed by an independent Board of Directors with individuals who are not affiliated with any other organization that donates funds to the organization or that may receive funds from the organization indirectly through patient payments for items or services. The administration and operation of the organization and its program must be at the sole discretion of the Board.

Funding Requirements (cont.) The Program:

- The program must provide support to financially qualified individuals who meet objective eligibility criteria, to help those individuals with their out-of-pocket medical expenses, including copayments, coinsurance, deductibles, health insurance premiums, and other medical needs to incidental medical expenses, such as travel.
- The program must be operated in accordance with all applicable rules, regulations, and laws, and within the guidelines of opinions issued by the OIG, including OIG's 2005 "Special Advisory Bulletin" relating to "Patient Assistance Programs for Medicare Part D Enrollees" ("Special Advisory Bulletin"), OIG's 2014 "Supplemental Special Advisory Bulletin" regarding "Independent Charity Patient Assistance Programs" ("Supplemental Bulletin"), and any and all OIG guidelines regarding independent charitable patient assistance programs, as well as the Advisory Opinion, identified on page 1, issued by OIG to the organization.
- The program must also be appropriately defined by the organization and not so limited that, if EMD Serono donates to it, it effectively results in EMD Serono subsidizing its own products.

Funding Restrictions

- An organization must not be:
 1. a private foundation as described in Section 509(a) of the Internal Revenue Code, or
 2. a donor-advised fund sponsoring organization as described in Section 4966(d)(1) of the Code

Accredited Continuing Education for Health Professionals

Eligibility Requirements

- **Eligible Organizations:** The only type of organization eligible to request this type of funding is an *accredited CME provider*.
- **Eligible Activities:** The only type of activity eligible for this type of funding is *accredited* continuing education for healthcare providers. The activity can take the form of live or virtual CME seminars, satellite symposia, etc

HOW TO REGISTER

04



NEW USERS

New Users

For ALL types of Requests EXCEPT Accredited Medical Education (see slide 36 for Med Ed)

To register as a new user:

Step 1 – go to our website at

www.grants.emdserono.com and **click**

the second “Click Here” button on the

left-hand side of the screen. This

brings you to the part of the system

where a funding request can be

submitted.

EMD SERONO

Help FAQ Privacy Policy

Welcome to EMD Serono's Request Management System

At EMD Serono, we are passionate about partnering with organizations across all our therapeutic areas to advance our mission of transforming patients' lives by developing and delivering meaningful therapies for difficult-to-treat diseases. Every year we give generously to support educational activities, special events, fundraisers, and charitable organizations.

When we give, we aspire to address diversity, equity and inclusion (DEI) in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. For that reason, we prioritize our financial support for requests that have a DEI component.

Accredited Continuing Education for Health Professionals:

- This type of funding Request is for accredited continuing education for all health professions. We do not fund non-accredited medical education programs.
- Only accredited continuing education providers may apply for this type of funding.

Requests for Proposals (RFPs)

From time to time we issue RFPs for various accredited continuing education activities. The deadline for all current RFPs has passed. When we issue a new RFP, it will be posted here, so please check back periodically.

Our Coordinator for Accredited Continuing Medical Education Requests may be reached at fundingrequests@emdserono.com

Sponsorships, Exhibits & Displays

- This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
- This type of funding Request may not be used to "sponsor" a specific, individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate.
- Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.

Patient Education

- This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition.
- Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.

Charitable Contributions

- This type of funding Request is to support the broad charitable purpose or mission of bona fide, Section 501(c) charitable, non-profit organizations. Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation.
- Funding is intended for the general operation of the organization (e.g., donation to an Annual Fund which covers general operating expenses for a charitable hospital).
- Funding is NOT provided for specific events or programs (e.g., an Annual Gala Dinner cannot be supported with a charitable donation). Specific events and programs are funded through Requests for Sponsorships, Exhibits & Displays.
- Both healthcare-related organizations (e.g., charitable hospital) and non-healthcare-related organizations (e.g., local non-profit food bank) may request a charitable donation.
- The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).

Fellowships

- This type of funding Request is for a variety of fellowships:
 - Traditional clinical or research fellowships:** Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduates or fellows
 - Advocacy fellowships:** Programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills
 - Diversity, equity and inclusion fellowships:** Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations

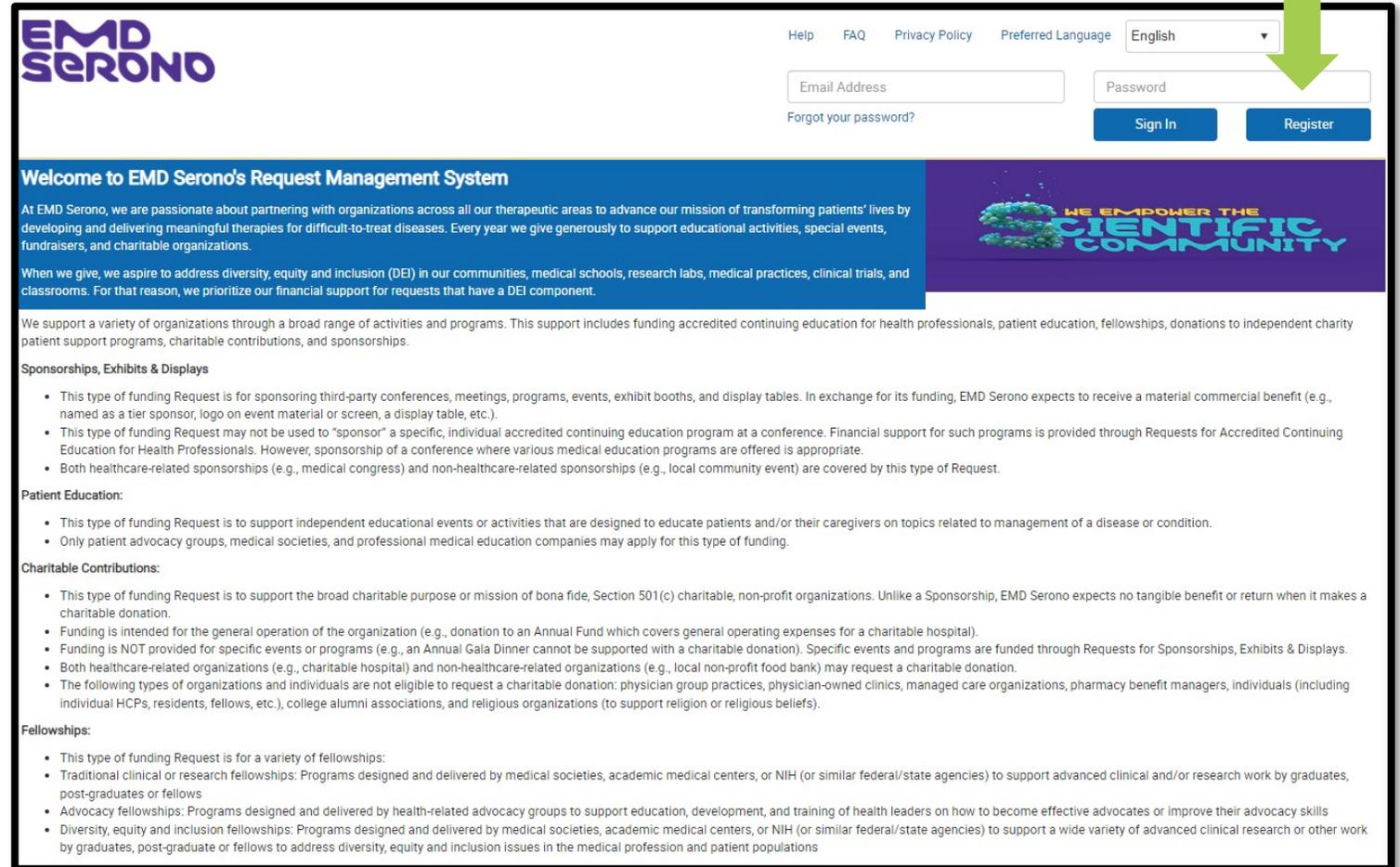
Independent Charity Patient Assistance Programs

- This type of funding Request is to support independent non-profit charities (with an OIG Opinion) who provide "safety net assistance" to patients of limited means through properly-structured patient assistance programs.

Our Coordinator for these types of Requests may be reached at fundingrequests@emdserono.com

New Users

Step 2 – Click the “Register”
button on the top right-hand
side of the screen



The screenshot shows the EMD Serono Request Management System registration page. At the top left is the EMD Serono logo. On the top right, there are links for Help, FAQ, Privacy Policy, and Preferred Language (set to English). Below these are input fields for Email Address and Password, with a 'Forgot your password?' link under the email field. Two buttons, 'Sign In' and 'Register', are positioned below the password field. A large green arrow points down to the 'Register' button. Below the login fields is a blue banner with the text 'Welcome to EMD Serono's Request Management System' and a brief description of the organization's mission. To the right of this banner is a graphic with the text 'WE EMPOWER THE SCIENTIFIC COMMUNITY'. Below the banner is a section titled 'We support a variety of organizations...' followed by detailed information about various funding request types: Sponsorships, Exhibits & Displays; Patient Education; Charitable Contributions; and Fellowships, each with a list of bullet points.

EMD SERONO

Help FAQ Privacy Policy Preferred Language English

Email Address Password

Forgot your password? Sign In Register

Welcome to EMD Serono's Request Management System

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When we give, we aspire to address diversity, equity and inclusion (DEI) in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. For that reason, we prioritize our financial support for requests that have a DEI component.

We support a variety of organizations through a broad range of activities and programs. This support includes funding accredited continuing education for health professionals, patient education, fellowships, donations to independent charity patient support programs, charitable contributions, and sponsorships.

Sponsorships, Exhibits & Displays

- This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
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- Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.

Patient Education:

- This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition.
- Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.

Charitable Contributions:

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- Diversity, equity and inclusion fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations

WE EMPOWER THE SCIENTIFIC COMMUNITY

New Users

Step 3 – Search for your organization to make sure you don't already have a user account

- **Enter** the country (United States) and your organization's legal name (no need to fill out the other fields) and then **click** the "search" button

The screenshot shows the EMD Serono registration page. At the top right, there are links for Help, FAQ, and Privacy Policy. The EMD Serono logo and a home icon are on the left. Below the logo, there is a message: "Users must register in the system before they can submit a request. This site will allow you to establish a personalized account to perform activities. To create a personalized account, you must provide some personal data, including your name and email address." A note states: "Note: Registration must be completed in a single session. You cannot save and continue later." Another note says: "You will be required to setup an account by entering an email address and password. Your name, your organization's name, organization Tax ID, work address, phone number, and fax will also be needed. All required fields are marked with an *." A third note says: "You may check, update or correct registration information by using your email address and password to access that information at any time. Your registration will be shared with affiliates and other parties involved in our request process." A final note says: "We will use the information you submit to maintain your account and to automatically complete other forms on the site."

The registration form has four tabs: Organization Information (selected), Organization Address, User Information, and Compliance Commitment. Under the Organization Information tab, there are instructions: "Instructions: Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us." The form fields are: Country (dropdown menu), Identifier Type (dropdown menu), Identifier Value (text input), and Organization Legal Name (text input). A Search button is located at the bottom right. Green arrows point to the Country, Organization Legal Name, and Search buttons.

New Users

Step 4 – If your organization does appear in the search results, there is no need to create a new user or a new organization in the Request Management System.

Organization Information | Organization Address | User Information | Compliance Commitment

Instructions:
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

* Country: United States

Identifier Type: [Dropdown]

Identifier Value: [Text Box]

Organization Legal Name: Grant Test

Search

Results

Organization Legal Name	Address Line 1	Country	City	State/Province/Region	Postal Code	Select
EMD Grant Test, Inc.	199C Plymouth Street	United States	Carver	MA	02330	<input type="radio"/>

- **Click** the radio button under the “Select” column and your organization’s information will automatically pop up.

* Identifier Information

Country	Identifier Type	State	Identifier Value
United States	TIN		01-1234567

* Country: United States

* Organization Legal Name: EMD Grant Test, Inc.

* Are you part of a larger parent organization?: No

* Organization Type: Other

* If other, please describe: Testing

* Tax Status: Not for Profit

* Organization Description: EMD Grant Testing

* Is this your organization? Yes No

Cancel | Proceed

- Then **click** the “Yes” radio button next to “Is this your organization?”
- Then **click** the “Proceed” button.
- Jump forward to page 18 for your next steps.

New Users

Step 5 – If your organization is not found, then **click** “Add a New Organization”

Organization Information Organization Address User Information Compliance Commitment

Instructions:
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

* Country United States ▼

Identifier Type ▼

Identifier Value

Organization Legal Name Test Name

Search

Organization not found. Please click the 'Add a New Organization' button and complete all required fields.

Add a New Organization

New Users

Step 6 – Fill out the “**Identifier Information**” at the top:

- Country - “United States”
- Identifier type - “TIN”
- State – LEAVE BLANK
- Identifier Value – type in your Federal Tax Identification #
- Then fill out the “**Add Additional Identifier**” section
- Then upload a **signed W9 Form** (blank W9 form available at www.irs.gov/FormW9)
- Then **ONLY IF** you’re a non-profit organization, upload your IRS Letter of Determination (i.e., non-profit status) (copy available at <https://apps.irs.gov/app/eos/>)
- **Click** “Proceed” when you’re done

The screenshot shows the 'Add a New Organization' form. The 'Identifier Information' section is at the top, with a table containing the following data:

Country	Identifier Type	State	Identifier Value	Delete
United States	TIN		11-2345666	

Below this is the 'Add Additional Identifier' section, which includes the following fields:

- Country:** A dropdown menu.
- Organization Legal Name:** A text input field containing 'Test Organization'.
- Are you part of a larger parent organization?:** Radio buttons for 'Yes' and 'No' (selected).
- Organization Type:** A dropdown menu containing 'Academic Institution'.
- Tax Status:** A dropdown menu containing 'Not for profit: 501(c)(3)'.
- Organization Description:** A text area containing 'academic medical center'.
- Organization Signed W9 Form:** A text input field with a 'Browse' button.
- IRS Letter of Determination:** A text input field with a 'Browse' button.

At the bottom of the form are 'Cancel' and 'Proceed' buttons.

New Users

Step 7 – Fill out the “Organization Address” tab

- If you do not have a website, leave this field blank (do not type in “none” or “N/A”)
- The last question about being a “certified accreditor” does not apply to fellowships, so **click** the “no” radio button
- Then **click** “Proceed”

Please provide your address information below. Please complete all required fields. An asterisk "*" indicates a required field.

Organization Information	Organization Address	User Information	Compliance Commitment
* Organization Legal Name	Test Organization		
* Address Line 1 <small>Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted.</small>	123 Main Street		
Address Line 2			
* City	Town		
* State	MA ▼		
* Postal Code	02108		
Website URL			
How many years has your organization been in business?	1		
* Is your organization a certified accreditor?	<input type="radio"/> Yes <input checked="" type="radio"/> No ?		
Back		Cancel	Proceed

New Users

Step 8 – On the “User Information” tab, type in your email address

- **Click** “Check Availability” to make sure the email isn’t already registered

Help | FAQ | Privacy Policy

EMD SERONO

Enter your email which will be used as a User ID for your account and check its availability in the system.

Organization Information Organization Address **User Information** Compliance Commitment

Email testuser@abchealthsystem.org **Check Availability** **Check to verify that the email is not already registered**

New Users

Step 9 – Enter your email, a password, and the other information requested.

- For the question “If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization?”
- If someone besides you is the official signer for agreements, enter their contact information. If your Request is accepted, our system will automatically forward an Agreement to this person to sign. Otherwise, the Agreement will be sent to you to sign.

Organization Information Organization Address **User Information**

Compliance Commitment

Email ✓

* Re-enter email

* Password
Note: Password must be 8-12 characters and must contain at least two of the following complexities: an upper case letter, a lower case letter or a symbol.

* Confirm Password

Title ▼

* First Name

* Last Name

* Business Role

* Primary Phone ▼

Secondary Phone ▼

Fax

Secondary Contact Title ▼

Secondary Contact Name

Secondary Contact Phone ▼

Secondary Contact Email

* If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization? Yes No

* Email Address

* First Name

* Last Name

* Business Role

If a second person needs to sign agreements at your organization, click this button and add their contact information

New Users

Step 10 – Read our Compliance Commitment

- **Click** the “I Agree” button and then **click** the “Complete Registration” button

EMD SERONO

Help | FAQ | Privacy Policy

Please read these terms and conditions carefully. You must agree to all of the following terms and conditions before you proceed.

Organization Information | Organization Address | User Information | **Compliance Commitment**

Please read these terms and conditions carefully. You must agree to all of the following terms and conditions before proceeding and your submission of a request confirms your agreement to the same.

EMD Serono has a history of being deeply committed to increasing healthcare knowledge and advancing patient care. We financially support a variety of organizations through a broad range of activities and programs. This support includes funding accredited medical education for HCPs, patient education, fellowships, donations to independent charity patient support programs, charitable contributions and sponsorships.

EMD Serono's support is compliant with federal and state laws, as well as guidelines that govern such activities. EMD Serono's review process for funding requests does not take into account whether the requesting organization is a current or potential customer of EMD Serono products. EMD Serono commercial staff, including field and marketing staff, is not involved in decisions to fund requests for accredited medical education for HCPs, patient education, fellowships, donations to independent charity patient support programs, or charitable contributions.

In line with our own compliance commitment, we require all requestors to agree to all of the following terms (by clicking "I agree"). If you disagree with any of these terms, you will not be able to submit any type of funding request.

I represent and certify that I am fully authorized by my organization to submit this funding request and provide information about my organization and any partner

8. I understand that in certain instances, EMD Serono may decide to fund my request in installments and/or for a lesser amount than I requested

9. I understand that I must sign a Letter of Agreement for medical education, fellowship and donations for independent charity PAP requests before EMD Serono will provide any funding.

10. I understand that if my funding request states that funds will be used for a specific purpose then I must use the funds for that specific purpose. I also agree to refund EMD Serono any unused funds.

11. I understand that a reconciliation is required for all funding awarded for accredited medical education for HCPs, patient education and fellowships. Any unused funds must be returned in connection with the reconciliation.

12. I acknowledge that EMD Serono reserves the right to correct any administrative or technology-based errors that may occur during the request submission, review, decision-making or other processes in the Request Management System.

13. I agree that EMD Serono may contact me in the future by phone, fax, mail, or email, for the limited purpose of evaluating my experience and satisfaction with its Request Management System, this website and the overall funding process.

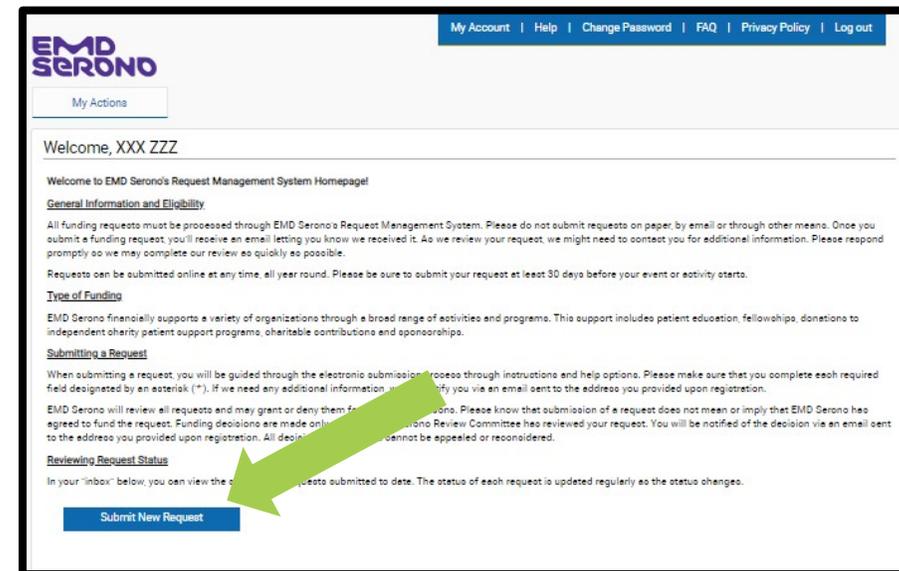
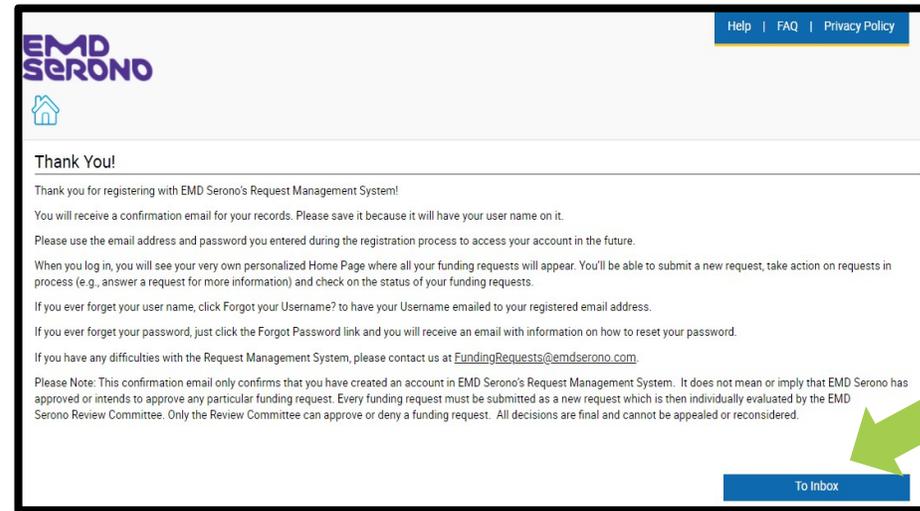
I Agree I Disagree

Back Cancel **Complete Registration**

New Users

You are now registered. You will receive an email confirming your registration.

- To submit your Fellowship Proposal, **click** "To Inbox"
- On the next screen which appears, **click** "Submit New Request"



New Users

For Accredited Medical Education ONLY

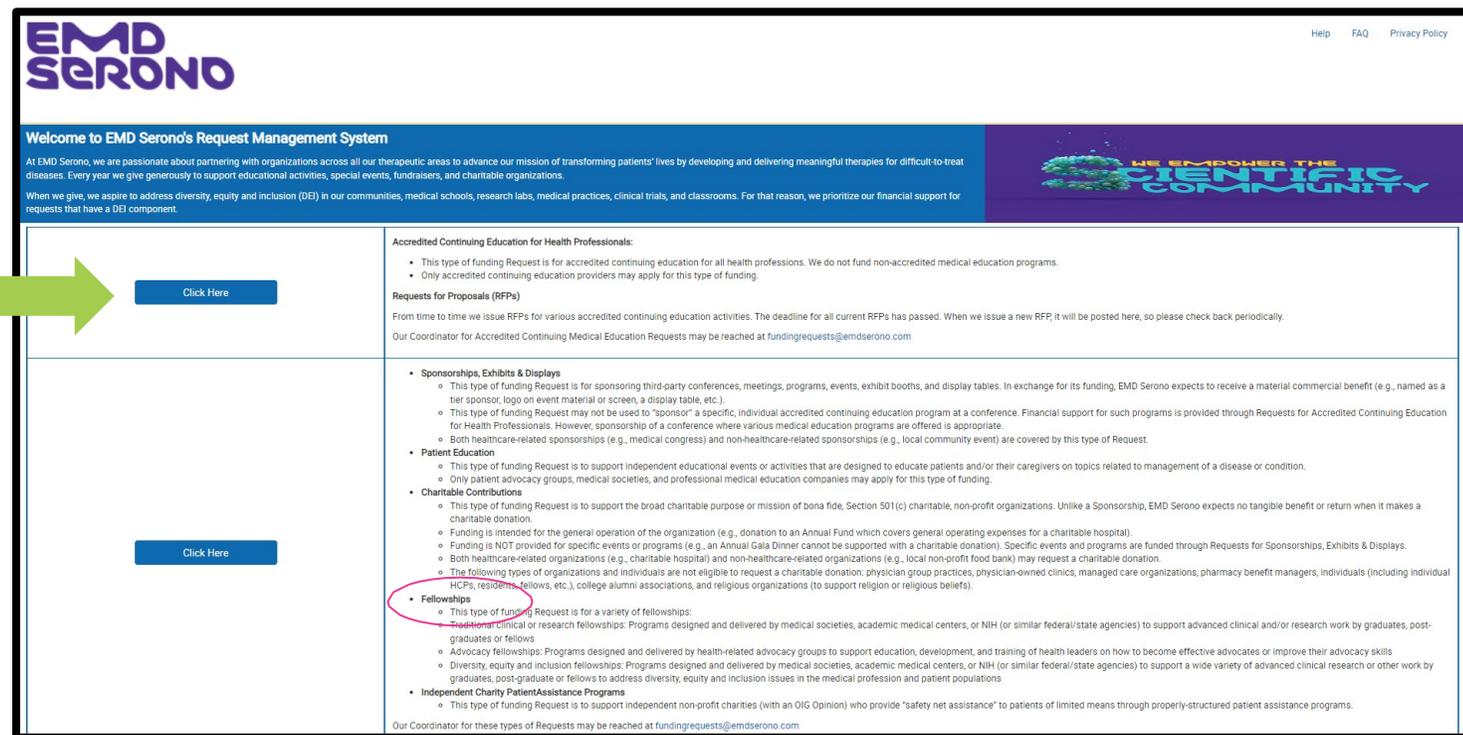
To register as a new user:

Step 1 – go to our website at

www.grants.emdserono.com and

click the first “Click Here” button on the left-hand side of the screen.

This brings you to the Medical Education portal. Follow the on-screen prompts.



EMD SERONO

Help FAQ Privacy Policy

Welcome to EMD Serono's Request Management System

At EMD Serono, we are passionate about partnering with organizations across all our therapeutic areas to advance our mission of transforming patients' lives by developing and delivering meaningful therapies for difficult-to-treat diseases. Every year we give generously to support educational activities, special events, fundraisers, and charitable organizations.

When we give, we aspire to address diversity, equity and inclusion (DEI) in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. For that reason, we prioritize our financial support for requests that have a DEI component.

Accredited Continuing Education for Health Professionals:

- This type of funding Request is for accredited continuing education for all health professions. We do not fund non-accredited medical education programs.
- Only accredited continuing education providers may apply for this type of funding.

Requests for Proposals (RFPs)

From time to time we issue RFPs for various accredited continuing education activities. The deadline for all current RFPs has passed. When we issue a new RFP, it will be posted here, so please check back periodically.

Our Coordinator for Accredited Continuing Medical Education Requests may be reached at fundingrequests@emdserono.com

Sponsorships, Exhibits & Displays

- This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
- This type of funding Request may not be used to "sponsor" a specific, individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate.
- Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.

Patient Education

- This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition.
- Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.

Charitable Contributions

- This type of funding Request is to support the broad charitable purpose or mission of bona fide, Section 501(c) charitable, non-profit organizations. Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation.
- Funding is intended for the general operation of the organization (e.g., donation to an Annual Fund which covers general operating expenses for a charitable hospital).
- Funding is NOT provided for specific events or programs (e.g., an Annual Gala Dinner cannot be supported with a charitable donation). Specific events and programs are funded through Requests for Sponsorships, Exhibits & Displays.
- Both healthcare-related organizations (e.g., charitable hospital) and non-healthcare-related organizations (e.g., local non-profit food bank) may request a charitable donation.
- The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).

Fellowships

- This type of funding Request is for a variety of fellowships:
 - Traditional clinical or research fellowships:** Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduates or fellows
 - Advocacy fellowships:** Programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills
 - Diversity, equity and inclusion fellowships:** Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations

Independent Charity Patient Assistance Programs

- This type of funding Request is to support independent non-profit charities (with an OIG Opinion) who provide "safety net assistance" to patients of limited means through properly-structured patient assistance programs.

Our Coordinator for these types of Requests may be reached at fundingrequests@emdserono.com



existing users

Existing Users

Forgot Your Password?

Step 1 – Go to our website at www.grants.emdserono.com and **click** the second “Click Here” button on the left-hand side of the screen.

At the next screen, click “Forgot your password?” link

EMD SERONO

Help FAQ Privacy Policy

Welcome to EMD Serono's Request Management System

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Our Coordinator for these types of Requests may be reached at fundingrequests@emdserono.com

HOW TO REQUEST FUNDING

05

Funding Requests

Online Submission

- All funding requests must be submitted online through EMD Serono's Request Management System at <https://grants.emdserono.com>
- You must register before you can submit a Request
- No Request should be sent via email

Timing

- All types of Requests should be submitted at least 45 days in advance

Selecting the Correct Type of Request

- Organizations often use **different funding terms** - such as "grant," "donation," "sponsorship," "charitable contribution" - interchangeably, without distinguishing between them.
- However, in our Request Management System, we use **standardized definitions** for each Request type and different requirements and restrictions apply to them.
- **Before you submit a Request**, please review our definitions, requirements and restrictions for the type of Request you're applying for and make sure you apply for the correct one. If you apply for the wrong type of Request, your Request will be denied.

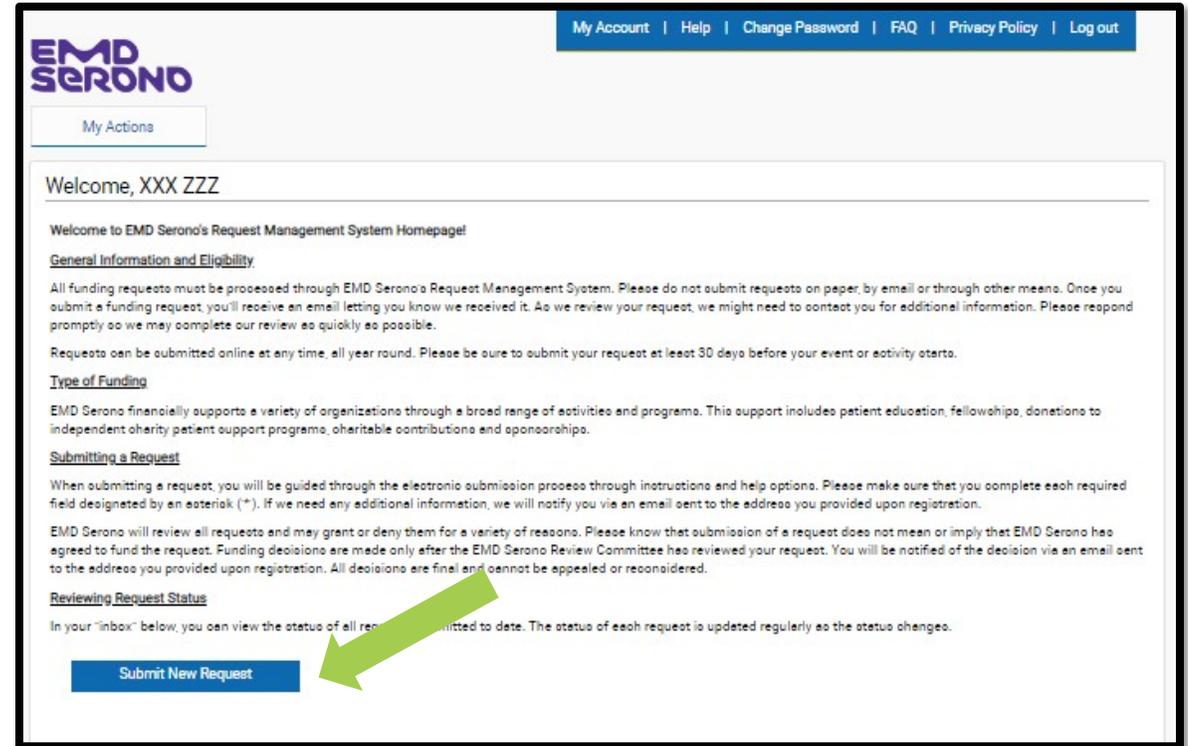
Funding Requests

How to Submit a Request for Each Type of Funding

- After logging in to the system, **Click** on “Submit New Request”
- The following slides walk you through how to apply for each type of funding Request.
- Each type has slightly different fields in the application process.

Confirmation Email

- Once your Request is submitted, you will receive a confirmation email.



Funding Requests

- **Click** on the blue button for the type of funding request you want to make
- For example, Sponsorship, Charitable Contributions, etc.

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Request Type Selection

Please select the type of request you would like to submit. Before making your selection, please read the descriptions to make sure you select the correct request type.

Request Type	Description
Sponsorships, Exhibits & Displays	<p>Sponsorships, Exhibits & Displays</p> <ul style="list-style-type: none"> This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.). This type of funding Request may not be used to "sponsor" a specific individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate. Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.
Patient Education	<p>Patient Education:</p> <ul style="list-style-type: none"> This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition. Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.
Charitable Contributions	<p>Charitable Contributions:</p> <ul style="list-style-type: none"> This type of funding Request is to support the broad charitable purpose or mission of a non-profit, Section 501(c)(3) charitable, non-profit organization. Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation. Funding is intended for the general operation of the organization (e.g., donation to an Annual Fund which covers general operating expenses for a charitable hospital). Funding is NOT provided for specific events or programs (e.g., an Annual Gala Dinner cannot be supported with a charitable donation). Specific events and programs are funded through Requests for Sponsorships, Exhibits & Displays. Both healthcare-related organizations (e.g., charitable hospital) and non-healthcare-related organizations (e.g., local non-profit food bank) may request a charitable donation. The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).
Fellowships	<p>Fellowships:</p> <ul style="list-style-type: none"> This type of funding Request is for a variety of fellowships: Traditional clinical or research fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduate or fellows. Advocacy fellowships: Programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills. Diversity, equity and inclusion fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations.

Funding Requests

- Read the “Request Completion Instructions” (they are slightly different for each type of Request)
- Then **click** the “Proceed” button
- You will then be brought to the “application” page for the type of Request you chose.

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My Actions

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select "OK" and immediately click anywhere within the request system in order to remain active. If you do not select "OK" or if you do not click anywhere within the request system within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your fellowship should be the general timeframe in which you expect the fellowship program to begin and end. Do not include the time spent planning the program or selecting the fellow.
- You will be asked to add the delivery format of your fellowships. Indicate if it is live meeting.
- You will be asked to provide information regarding your target audience and number of participants anticipated. List the therapeutic area of focus for the fellowship and the number of fellows to be fun.
- Note: Funding is available for traditional medical/scientific fellowships (which are typically year-long, programmatic opportunities for professional development of a fellow at a particular institution in a particular scientific or medical field) and so-called advocacy fellowships (which are specific programs to train fellows about patient advocacy and how to work with their communities, the media and policymakers to create change for patients). When describing your fellowship, indicate which type it is.

Budget

In the Budget section of your request, you will be asked to provide details regarding the expenses related to the activity for which your request is being submitted.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the "other" section of the budget, and a description should be entered in the "comments" field. If necessary, a more detailed budget may be uploaded in the "Supporting Documents" section of the request.
- When preparing your budget, please remember what EMD Serono permits Fellowship funds to be used only for – only direct expenses associated with the Fellowship (e.g., salary and benefits), not as a subsidy of routine business expenses. If the Fellowship position includes both billable and unbillable services and research/teaching, the request must only cover activities devoted to non-billable services or research/teaching. Fellowship funds may not be used to pay for salary or any portion of a position that bills for services or research/teaching. Also Fellowship funds may not be used to pay for attendance at a conference or meeting.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of EMD Serono's Request Management System.

Letter of Agreement

If EMD Serono provides funding for your fellowship, a Letter of Agreement (LOA) will be sent to you via email and an authorized representative for all parties will be required to sign the LOA.

Reconciliation

EMD Serono requires a reconciliation of funds to take place. Unused funds must be refunded to EMD Serono as part of the reconciliation process.

Records and Audit Rights for Educational Grants

Recipients of educational grants must maintain all records relating to the educational activity for a period of two years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if EMD Serono requests an audit.

Back

Proceed

Cancel

Amendments

You may amend your Request before it is approved

- You may amend your Request at any time before it is approved. The request will need to be returned to you to allow you to make changes.
- In order to do that, contact the EMD Request Coordinator at
 - Email: fundingrequests@emdserono.com
 - Phone: 212-589-3507

SPONSORSHIP REQUESTS



EMD SERONO

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My Actions

Welcome, .

Welcome to EMD Serono Request Management System Homepage!

General Information and Eligibility

All funding requests must be processed through EMD Serono's Request Management System. Please do not submit requests on paper, by email or through other means. Once you submit a funding request, you'll receive an email letting you know we received it. As we review your request, we might need to contact you for additional information. Please respond promptly so we may complete our review as quickly as possible.

Requests can be submitted online at any time, all year round. Please be sure to submit your request at least 90 days before any medical education or fellowship program begins and at least 45 days for all other types of requests.

Reviewing Request Status

In your "inbox" below, you can view the status of all requests submitted to date. The status of each request is updated regularly as the status changes.

[Submit New Request](#)

How to Submit a Request

- Once you have logged in, **click** on "Submit New Request" button



Education Inbox

Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
2021-RMS-MED -106728	Draft				Please Complete Request		
2021-RMS-FEL -106708-01	Approver Review		Claudia Test UAT Fellowship Program	03 Jan 2022			View/Print Agreement
2021-RMS-PAT -106724	Under Review		Test	03 Jan 2022			
2021-RMS-FEL -106722	Draft		Test on 8/18/21		Please Complete Request		
2021-RMS-FEL -106720	Draft				Please Complete Request		
2021-RMS-PAT -106718	Draft				Please Complete Request		
2021-RMS-MED -106716	Draft				Please Complete Request		

Sponsorships

How to Submit a Request

- On the “Request Type Selection” page, **click** on “Sponsorships, Exhibits & Displays”



Sponsorships, Exhibits & Displays

Sponsorships, Exhibits & Displays

- This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
- This type of funding Request may not be used to “sponsor” a specific, individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate.
- Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.

Sponsorships

- Read the “Request Completion Instructions”
- Then **click** the “Proceed” button

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select OK and immediately click anywhere within the request system in order to remain active. If you do not select OK or if you do not click anywhere within the request system within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your event may be the same day if it only takes place on one day.
- Benefit start and end dates may be the same as the event start and stop dates.
- You will be asked to provide information regarding your target audience and number of attendees anticipated.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the Sponsorship request system.

Records and Audit Rights for Sponsorships

All recipients of sponsorships must maintain all records relating to the sponsorship for a period of two years after the end date of the activity. Upon EMD Serono's request, the Recipients must also allow EMD Serono auditors access to all records, including expense records, related to the sponsorship at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. An EMD Serono representative will contact you if EMD Serono requests an audit.

Sponsorships

- Complete the “General Information” tab
- **Tip:**
 - For the “If Yes, please upload documentation describing the sponsorship tiers” field, upload your event brochure or a pdf of your website where exhibit and display opportunities are described
- **Click** “Save and Proceed to Next Step”

The screenshot shows the 'General Information' tab of a sponsorship request form. The form is divided into two sections. The top section contains fields for 'Requested Sponsorship Tier' (Bronze), 'Area of Focus' (Oncology(SPN)), 'Program Title' (Test Sponsorship Program Title), 'Detailed Purpose' (Conference/Congress), and 'Will there be healthcare professionals attending?' (Yes). The bottom section contains fields for 'Are other sponsorship tiers available?' (Yes), 'If Yes, please upload documentation describing the sponsorship tiers' (EMDS Test Sponsorship T...), 'Decision Requested by Date' (28 Oct 2021), 'Currency' (USD), 'Requested Amount' (5,000.00), 'How much is Tax deductible?' (4,500.00), 'Estimated Program Budget' (20,000.00), and 'Is other financial support being sought for this program?' (Yes).

Field	Value
Requested Sponsorship Tier	Bronze
Area of Focus	Oncology(SPN)
Program Title	Test Sponsorship Program Title
Detailed Purpose	Conference/Congress
Will there be healthcare professionals attending?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
Are other sponsorship tiers available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If Yes, please upload documentation describing the sponsorship tiers	<input type="text" value="EMDS Test Sponsorship T..."/>
Decision Requested by Date	28 Oct 2021
Currency	USD
Requested Amount	5,000.00
How much is Tax deductible?	4,500.00
Estimated Program Budget	20,000.00
Is other financial support being sought for this program?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Sponsorships

- Complete the "Sponsorship Benefit" tab

General Information | **Sponsorship Benefit** | Document Uploads | Authorized Signer/Payee

* Sponsorship Benefit: Exhibit/Display

* Benefit Start Date: 31 Dec 2021
This date must be at least 0 days from today's date.

* Benefit End Date: 31 Dec 2021

* Target Geographic Reach: Local

* Venue Name: Test

* Venue Country: United States

* State:

* Venue City: New York

* Postal Code: 11218

* Audience Group	* Anticipated Reach/Attendees	Delete
Physicians	122	

Sponsorships

- Complete the “Document Uploads” tab
- **Tip:** For the “Brochure/ Prospectus of Event” field, you may upload the same event brochure or a pdf of your website as on the prior tab. Or you may upload an additional document which describes the sponsorship benefits.
- **Click** “Save and Proceed to Next Step”

General Information Sponsorship Benefit **Document Uploads** Authorized Signer/Payee

* Is the current Tax Documentation in your profile up to date? Yes No
[View Uploaded Tax Documentation](#)

* Brochure/Prospectus of the Event	<input type="text"/>	Browse
* Formal Letter of Request	<input type="text"/>	Browse
* Signed and dated W9 Form	<input type="text"/>	Browse

Add Document

Sponsorships

- Complete the “Authorized Signer/Payee” tab
- **Tip:** If someone other than you will be signing the Agreement for funding, **click** the “no” button and enter that person’s information
- **Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information

General Information
Sponsorship Benefit
Document Uploads
Authorized Signer/Payee

Authorized Signer

* Is the Authorized Signer listed below correct? Yes No

Authorized Signer First Name

Authorized Signer Last Name

Authorized Signer Email Address

Payee Information

* Attention:

* Is the listed address below correct? Yes No
This address is informational only. Click No to indicate a different address where the requesting organization would like the payment sent.

Address 1	Country	City	State/Province/Region	Postal Code
	United States			

Sponsorships

- Review the entire request before you submit it
- If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section

Request Review

Request ID 2021-RMS-SPN -112223

Print

General Information

Request ID	2021-RMS-SPN -112223
Requested Sponsorship Tier	Bronze
Area of Focus	Oncology(SPN)
Program Title	Test Sponsorship Program Title
Detailed Purpose	Conference/Congress
Will there be healthcare professionals attending?	Yes
To comply with federal/state reporting requirements, will any government official be honored at, speak at, or otherwise be involved in this event?	No
Are other sponsorship tiers available?	Yes
If Yes, please upload documentation describing the sponsorship tiers	EMDS Test Sponsorship Tiers Description.docx
Decision Requested by Date	28 Oct 2021
Currency	USD
Requested Amount	5,000.00
How much is Tax deductible?	4,500.00
Estimated Program Budget	20,000.00
Is other financial support being sought for this program?	Yes
Please indicate potential financial supporters	Other Supporters
Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent	0-24%
Is the event being sponsored accredited?	Yes
Have you held this program previously?	Yes
Has EMD Serono previously supported this program?	Yes

Sponsorships

- After submitting your Request, you will see a “Thank You” screen which acknowledges your submission
- If you want to go to your inbox, **click** the “Proceed” button

The screenshot shows the EMD Serono user interface. At the top right, there is a navigation bar with links: My Account | Help | Change Password | FAQ | Privacy Policy | Log out. The EMD Serono logo is on the top left. Below the logo is a 'My Actions' button. The main content area is titled 'Thank You' and contains the following text:

Request ID: 2021-RMS-SPN -112223
 Program Title: Test Sponsorship Program Title

Thank you for submitting a sponsorship request to EMD Serono. You can track the status of your request through the “status column” located on your homepage of EMD Serono’s Request Management System at <https://emdserono-rms-qa-2.icc.solutions.iqvia.com/EMDSerono-RMS-QA/>.

As we evaluate your request, we may need additional information from you. If so, our Grant Coordinator will post a message to that effect on your homepage in the Request Management System and send you a follow up e-mail. Once we receive the additional information from you, we will process your request. If we do not hear from you within 10 days, we will not take any further action on your request.

In the meantime, if you have any questions, you may contact us at FundingRequests@emdserono.com

At the bottom right of the content area, there is a blue 'Proceed' button.

charitable contribution requests

Charitable Contributions

How to Submit a Request

- Once you have logged in, click on "Submit New Request" button.



EMD SERONO

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Welcome, .

Welcome to EMD Serono Request Management System Homepage!

General Information and Eligibility

All funding requests must be processed through EMD Serono's Request Management System. Please do not submit requests on paper, by email or through other means. Once you submit a funding request, you'll receive an email letting you know we received it. As we review your request, we might need to contact you for additional information. Please respond promptly so we may complete our review as quickly as possible.

Requests can be submitted online at any time, all year round. Please be sure to submit your request at least 90 days before any medical education or fellowship program begins and at least 45 days for all other types of requests.

Reviewing Request Status

In your "inbox" below, you can view the status of all requests submitted to date. The status of each request is updated regularly as the status changes.

[Submit New Request](#)

Education Inbox

Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
2021-RMS-MED -106728	Draft				Please Complete Request		
2021-RMS-FEL -106708-01	Approver Review		Claudia Test UAT Fellowship Program	03 Jan 2022			View/Print Agreement
2021-RMS-PAT -106724	Under Review		Test	03 Jan 2022			
2021-RMS-FEL -106722	Draft		Test on 8/18/21		Please Complete Request		
2021-RMS-FEL -106720	Draft				Please Complete Request		
2021-RMS-PAT -106718	Draft				Please Complete Request		
2021-RMS-MED -106716	Draft				Please Complete Request		

Charitable Contributions

How to Submit a Request

- On the “Request Type Selection” page, **click** on “Charitable Contributions”



Charitable Contributions

Charitable Contributions:

- This type of funding Request is to support the broad charitable purpose or mission of bona fide, Section 501(c) charitable, non-profit organizations. Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation.
- Funding is intended for the general operation of the organization (e.g., donation to an Annual Fund which covers general operating expenses for a charitable hospital).
- Funding is NOT provided for specific events or programs (e.g., an Annual Gala Dinner cannot be supported with a charitable donation). Specific events and programs are funded through Requests for Sponsorships, Exhibits & Displays.
- Both healthcare-related organizations (e.g., charitable hospital) and non-healthcare-related organizations (e.g., local non-profit food bank) may request a charitable donation.
- The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).

Charitable Contributions

- Read the “Request Completion Instructions”
- Then **click** the “Proceed” button

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select OK and immediately click anywhere within the request system in order to remain active. If you do not select OK or if you do not click anywhere within the request System within 1 minute, any unsaved information that you have entered will be lost.

Throughout the system you will find What's This icons and Help and Contact links are posted at the top of each page to assist you with completing your request.

General Information

You will begin by entering information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- You will be asked to provide a summary of the purpose of your request.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the EMD Serono Request Management System.

Records and Audit Rights for Charitable Contributions

All recipients of charitable contributions must maintain all records relating to the contribution for a period of two years after the end date of the activity. Upon EMD Serono request, the recipients must also allow EMD Serono auditors access to all records, including expense records, related to the contribution at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. An EMD Serono representative will contact you if EMD Serono requests an audit.

Charitable Contributions

- Complete the “Overview” tab
- **Tip:**
 - For the “Name of Request” field, type in **“Charitable Contribution for general operations”**
 - Do not type in a project name, program name, activity, or any description on how the funds will be used. Charitable contributions are not tied to any project, program, activity, event, etc.
 - For the “Geographic Focus of Request” field, provide information about the geographic reach of your organization (local, regional, etc.)
- **Click** “Save and Proceed to Next Step”

The screenshot shows the 'Overview' tab of a funding request form. The form is titled 'Authorized Signer/Payee' and contains the following fields and options:

- Area of Focus:** Corporate Communications(CHR) (dropdown menu)
- Geographic Focus of Organization:** National (dropdown menu)
- Organization's Mission Statement:** accelerating research into early detection and more effective treatments, as well as providing community, support, and education for all those affected by the disease. (text area, limit of 500 characters)
- Currency:** USD
- Organization's Annual Operating Budget:** 50,000.00
- Name of Request:** (empty text field)
- This charitable donation should be used for the general operation of your organization:** I Agree
- Geographic Focus of Request:** National (dropdown menu)
- Requested Amount:** 20,000.00
- Annual Operating Report:** (empty text field with a 'Browse' button)
- Is the current Tax Documentation in your profile up to date?** Yes No (with a link to [View Uploaded Tax Documentation](#))
- Is the current IRS letter of determination in your profile up to date?** Yes No (with a link to [View IRS Letter of determination](#))
- Have you previously received funding from EMD Serono?** Yes No

Charitable Contributions

- Complete the “Authorized Signer/Payee” tab
- **Tip:** If someone other than you will be signing the Agreement for funding, **click** the “no” button and enter that person’s information
- **Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information

Overview
Authorized Signer/Payee

Authorized Signer

* Is the Authorized Signer listed below correct? Yes No

Authorized Signer First Name Test

Authorized Signer Last Name White

Authorized Signer Email Address test@gmail.com

Payee Information

* Attention:

Address 1	Country	City	State/Province/Region	Postal Code
123 test	United States	new york	NY	11121

Charitable Contributions

- Review the entire request before you submit it
- If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section

Request ID 2021-RMS-CHR -112225

Print

Overview

Request ID	2021-RMS-CHR -112225
Area of Focus	Corporate Communications(CHR)
Geographic Focus of Organization	National
Organization's Mission Statement	We are committed to making an immediate impact on increasing quality of life and survivorship of all people diagnosed with lung cancer by accelerating research into early detection and more effective treatments, as well as providing community, support, and education for all those affected by the disease.
Currency	USD
Organization's Annual Operating Budget	50,000.00
Name of Request	Video Series for Caregivers
This charitable donation should be used for the general operation of your organization.	Yes
Geographic Focus of Request	National
Requested Amount	20,000.00
Annual Operating Report	
Is the current Tax Documentation in your profile up to date?	Yes View Uploaded Tax Documentation
Is the current IRS letter of determination in your profile up to date?	Yes View IRS Letter of determination
Have you previously received funding from EMD Serono?	No

Authorized Signer and Payee

Is the Authorized Signer listed below correct?	Yes
------------------------------------------------	-----

Charitable Contributions

- After submitting your Request, you will see a “Thank You” screen which acknowledges your submission
- If you want to go to your inbox, **click** the “Proceed” button

The screenshot shows the EMD Serono user interface. At the top right, there is a navigation bar with links: My Account | Help | Change Password | FAQ | Privacy Policy | Log out. The EMD Serono logo is in the top left. Below the logo is a 'My Actions' button. The main content area is titled 'Thank You' and contains the following text:

Request ID: 2021-RMS-CHR -112225
 Charitable Contributions

Thank you for submitting a funding request to EMD Serono. You can track the status of your request through the “status column” located on your homepage of EMD Serono’s Request Management System at <https://emdserono-rms-qa-2.icc.solutions.iqvia.com/emdserono-rms-qa/>.

As we evaluate your request, we may need additional information from you. If so, our Grant Coordinator will post a message to that effect on your homepage in the Request Management System and send you a follow up e-mail. Once we receive the additional information from you, we will process your request. If we do not hear from you within 10 days, we will not take any further action on your request.

In the meantime, if you have any questions, you may contact us at FundingRequests@emdserono.com.

At the bottom right of the content area is a blue 'Proceed' button.

patient Education Requests

Patient Education

How to Submit a Request

- Once you have logged in, **click** on "Submit New Request" button



EMD SERONO

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Welcome, .

Welcome to EMD Serono Request Management System Homepage!

General Information and Eligibility

All funding requests must be processed through EMD Serono's Request Management System. Please do not submit requests on paper, by email or through other means. Once you submit a funding request, you'll receive an email letting you know we received it. As we review your request, we might need to contact you for additional information. Please respond promptly so we may complete our review as quickly as possible.

Requests can be submitted online at any time, all year round. Please be sure to submit your request at least 90 days before any medical education or fellowship program begins and at least 45 days for all other types of requests.

Reviewing Request Status

In your "inbox" below, you can view the status of all requests submitted to date. The status of each request is updated regularly as the status changes.

[Submit New Request](#)

Education Inbox

Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
2021-RMS-MED -106728	Draft				Please Complete Request		
2021-RMS-FEL -106708-01	Approver Review		Claudia Test UAT Fellowship Program	03 Jan 2022			View/Print Agreement
2021-RMS-PAT -106724	Under Review		Test	03 Jan 2022			
2021-RMS-FEL -106722	Draft		Test on 8/18/21		Please Complete Request		
2021-RMS-FEL -106720	Draft				Please Complete Request		
2021-RMS-PAT -106718	Draft				Please Complete Request		
2021-RMS-MED -106716	Draft				Please Complete Request		

Patient Education

How to Submit a Request

- On the “Request Type Selection” page, **click** on “Patient Education”



Patient Education

Patient Education:

- This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition.
- Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.

Patient Education

- Read the “Request Completion Instructions”
- Then **click** the “Proceed” button

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select “OK” and immediately click anywhere within the request system in order to remain active. If you do not select “OK” or if you do not click anywhere within the request System within 1 minute, **any unsaved information that you have entered will be lost.**

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your activity or event may be the same day if it only takes place on one day (i.e., it is not a multi-day event). For enduring materials, enter the length of time for which the materials are expected to be used (e.g., January 1, 2023 to January 1, 2024).
- If your request is for one activity at one location (i.e., single symposium), enter one (1) delivery format.
- If your request encompasses multiple activities (e.g., 10 different cities) please enter 10 separate delivery formats.
- You will be asked to define the delivery format of your educational activity (e.g., live meeting, print pieces, CD-ROM, etc.). If you are interested in submitting requests for more than one delivery type, you need to submit a separate request for each delivery type.
- You will be asked to provide information regarding your target audience and number of participants anticipated.
- You will be asked to provide a summary of the educational needs assessment for this activity, learning objectives, and description of the activity. The description of the activity

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of EMD Serono’s Request Management System.

Letters of Agreements

If EMD Serono agrees to fund your educational activity or program, a Letter of Agreement (LOA) will be sent to you via email, and an authorized representative for all parties will be required to sign the LOA.

Reconciliation

EMD Serono requires a reconciliation of funds for Accredited HCP Education programs, Patient Education programs, and Fellowships, and any unused funds must be refunded to EMD Serono as part of the reconciliation process. Reconciliation is not required for Donations for Independent Charity PAPs.

Records and Audit Rights

For Accredited HCP Education programs, Patient Education programs, and Fellowships, recipients must maintain all records relating to the educational activity for a period of two years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if EMD Serono requests an audit.

Patient Education

- Complete the “General Information” tab
- **Click** “Save and Proceed to Next Step”

General Information | Request Information | Delivery Format | Budget | Document Uploads | Authorized Signer/Payee

* Activity Sub-Type
(Base selection on the target audience)
Patient Education

* Therapeutic Area
Please choose the therapeutic area that relates to your program
Neurology

* Disease State
MS

Choose Additional Therapeutic Area

* Program Title
Please enter the name of the event.
Test

* Program/Activity Description
Please include a summary of the activity. If you choose to upload a document, please indicate here to see the attached language in the document uploads section of the request form.
test

* Decision Requested by Date
We cannot guarantee that a final decision will be determined by this date.
29 Sep 2022

* Currency
USD

* Requested Amount
1.00

* Estimated Program Budget
1.00

this request would represent
Anticipated Revenue from Registrations

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Patient Education

- Complete the “Request Information” tab
- **Tips:**
 - After typing in the Learning Objective, **click** the circle under the “Action” column on the far right
 - To add additional objectives, **click** “Add Objective”
 - When done, **click** “Save and Proceed to Next Step”

General Information **Request Information** Delivery Format Budget Document Uploads Authorized Signer/Payee

* Needs Assessment Summary
Please provide a brief description of the need for funding.

* Learning Objectives
Please add one objective per box and click the check box icon to add an objective.
List an objective in language that indicates measurable/learner-oriented outcome(s). (e.g. After participating in the activity, the learner will be able to...)

Objective	Edit	Action
		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>

Add Objective

Save and Back Save and Continue Later Save and Proceed to Next Step Cancel

Patient Education

- Complete the “Delivery Format” tab

General Information
Request Information
Delivery Format
Budget
Document Uploads
Authorized Signer/Payee

Total # Of Activities	0	Total # of Learners	0
Enduring Activities	0	Enduring Learners	0
Live Activities	0	Live Learners	0
Web Activities	0	Web Learners	0

* Delivery Format Type ▼

* Audience Group	* Specialty	* # of Invitations Expected to be Distributed	* # of Expected Learners	
<input style="width: 100%;" type="text"/> ▼	<input style="width: 100%;" type="text"/> ▼	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Add Audience Group

Save Activity

Total # Of Activities	0	Total # of Learners	0
Enduring Activities	0	Enduring Learners	0
Live Activities	0	Live Learners	0
Web Activities	0	Web Learners	0

Patient Education

- Complete the “Budget” tab
- **Tips:**
 - There are separate tabs for:
 - Account & Activity Management
 - Content Development
 - Faculty & Staff Travel
 - Honoraria
 - Meals
 - Meeting Logistics
 - Outcomes
 - Production and Shipping
 - None of the tabs are mandatory, so only fill out the applicable ones; leave the rest blank
 - Amounts will be added up automatically

General Information
Request Information
Delivery Format
Budget
Document Uploads
Authorized Signer/Payee

The totals of your Requested Amount and Estimated Program Budget must be equal to the amounts originally entered within the General Information tab.

Currency : USD			
	General Information	Detailed Budget	Difference
Estimated Program Budget	1.00	0.00	1.00
Requested Amount	1.00	0.00	1.00
	Support from Other Sources	0.00	
	Registration Revenue	500.00	

Account & Activity Management
Content Development
Faculty and Staff Travel
Honoraria
Meals
Meeting Logistics
Outcomes

Production and Shipping

	Estimated Program Budget	Requested Amount	Comments
Logistics Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Content Management	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Education

- Complete the “Document Uploads” tab

The screenshot shows a multi-step form with the following tabs: General Information, Request Information, Delivery Format, Budget, Document Uploads (highlighted in blue), and Authorized Signer/Payee.

Under the 'Document Uploads' tab, there is a question:
* Is the current Tax Documentation in your profile up to date?
The response options are Yes and No.
Below the question is a link: [View Uploaded Tax Documentation](#)

Below the question is a table with three rows, each for a required document:

* Formal Letter of Request	<input type="text"/>	Browse
* Agenda	<input type="text"/>	Browse
* Proposal	<input type="text"/>	Browse

Patient Education

- Complete the “Authorized Signer/Payee” tab
- **Tip:** If someone other than you will be signing the Agreement for funding, **click** the “no” button and enter that person’s information
- **Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information

General Information
Request Information
Delivery Format
Budget
Document Uploads
Authorized Signer/Payee

Authorized Signer

* Is the Authorized Signer listed below correct? Yes No

Authorized Signer First Name

Authorized Signer Last Name

Authorized Signer Email Address

Payee Information

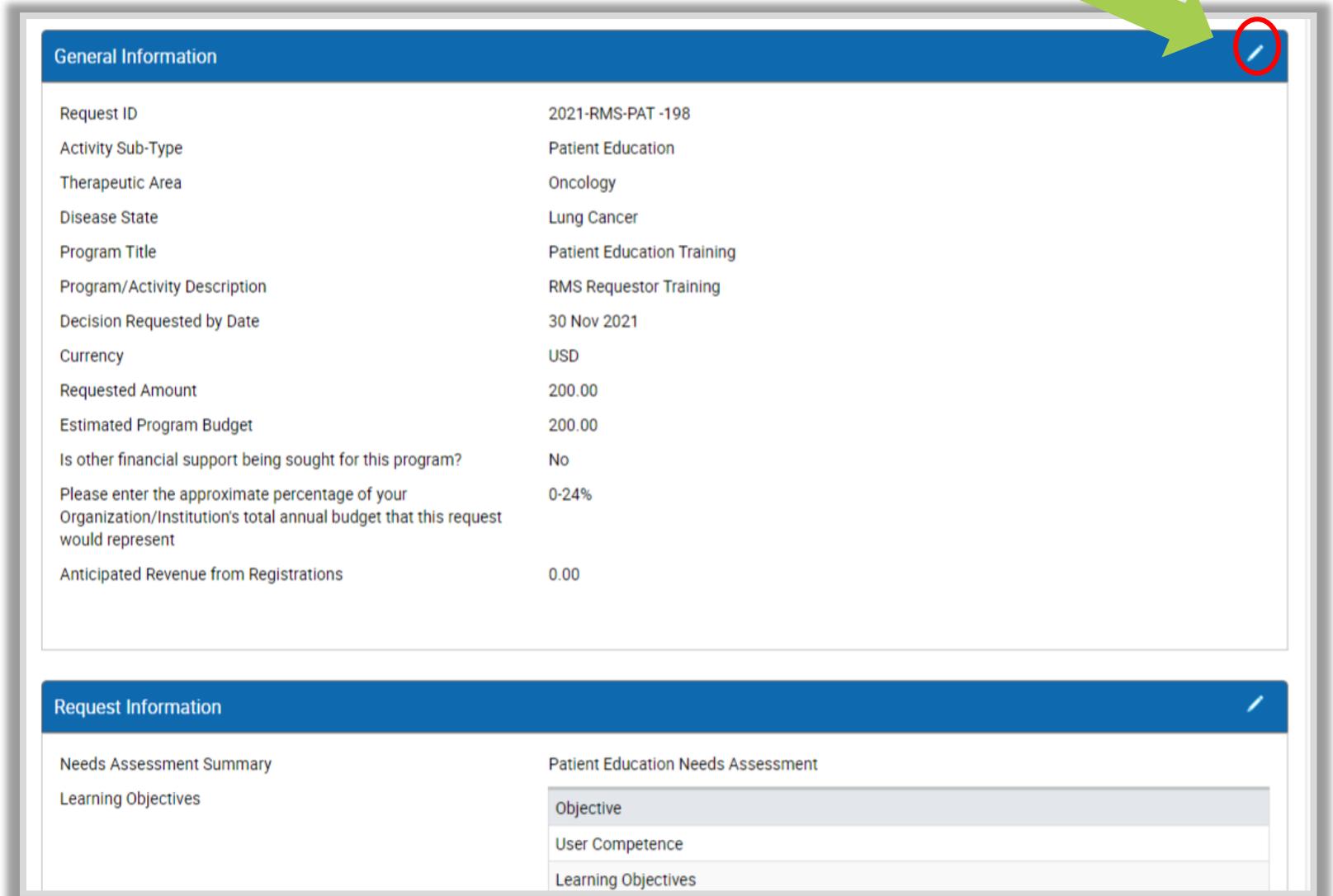
* Attention

* Is the listed address below correct? Yes No
This address is informational only. Click No to indicate a different address to send the payment.

Address 1	Country	City	State/Province/Region	Postal Code
	United States			

Patient Education

- Review the entire request before you submit it
- If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section



The screenshot shows a web interface for a Patient Education request. A green arrow points to a pencil icon in a red circle on the blue header bar of the 'General Information' section. Below this, the 'General Information' section contains a table of request details. The 'Request Information' section is partially visible at the bottom, showing a table for 'Patient Education Needs Assessment' with columns for 'Objective', 'User Competence', and 'Learning Objectives'.

General Information	
Request ID	2021-RMS-PAT -198
Activity Sub-Type	Patient Education
Therapeutic Area	Oncology
Disease State	Lung Cancer
Program Title	Patient Education Training
Program/Activity Description	RMS Requestor Training
Decision Requested by Date	30 Nov 2021
Currency	USD
Requested Amount	200.00
Estimated Program Budget	200.00
Is other financial support being sought for this program?	No
Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent	0-24%
Anticipated Revenue from Registrations	0.00

Request Information				
Needs Assessment Summary	Patient Education Needs Assessment			
Learning Objectives	<table border="1"> <thead> <tr> <th>Objective</th> </tr> </thead> <tbody> <tr> <td>User Competence</td> </tr> <tr> <td>Learning Objectives</td> </tr> </tbody> </table>	Objective	User Competence	Learning Objectives
Objective				
User Competence				
Learning Objectives				

Patient Education

- After submitting your Request, you will see a “Thank You” screen which acknowledges your submission
- If you want to go to your inbox, **click** the “Proceed” button

My Actions

Thank You!

Request ID: 2021-RMS-PAT -198
Program Title: Patient Education Training

Thank you for submitting a funding request to EMD Serono. You can track the status of your request through the “status column” located on your homepage of EMD Serono’s Request Management System at <https://emdserono-rms-uat.icc.solutions.iqvia.com/EMDSerono-RMS-UAT/>.

As we evaluate your request, we may need additional information from you. If so, our Grant Coordinator will post a message to that effect on your homepage in the Request Management System and send you a follow up e-mail. Once we receive the additional information from you, we will process your request. If we do not hear from you within 10 days, we will not take any further action on your request.

In the meantime, if you have any questions, you may contact us at FundingRequests@emdserono.com.

Click the Proceed button to return to the Requestor’s inbox

Proceed

Fellowship Requests

Fellowships

How to Submit a Request

- On the “Request Type Selection” page, **click** on “Fellowships”



Fellowships

Fellowships:

- This type of funding Request is for a variety of fellowships:
- Traditional clinical or research fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduates or fellows
- Advocacy fellowships: Programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills
- Diversity, equity and inclusion fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations

Fellowships

- Read the “Request Completion Instructions”
- Then **click** the “Proceed” button

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select “OK” and immediately click anywhere within the request system in order to remain active. If you do not select “OK” or if you do not click anywhere within the request System within 1 minute, **any unsaved information that you have entered will be lost.**

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your activity or event may be the same day if it only takes place on one day (i.e., it is not a multi-day event). For enduring materials, enter the length of time for which the materials are expected to be used (e.g., January 1, 2023 to January 1, 2024).
- If your request is for one activity at one location (i.e., single symposium), enter one (1) delivery format.
- If your request encompasses multiple activities (e.g., 10 different cities) please enter 10 separate delivery formats.
- You will be asked to define the delivery format of your educational activity (e.g., live meeting, print pieces, CD-ROM, etc.). If you are interested in submitting requests for more than one delivery type, you need to submit a separate request for each delivery type.
- You will be asked to provide information regarding your target audience and number of participants anticipated.
- You will be asked to provide a summary of the educational needs assessment for this activity, learning objectives, and description of the activity. The description of the activity may include topics, agenda, potential speakers, or activity focus (e.g., development of a patient education booklet).
- You will be asked to indicate if the program will be accredited (e.g., Continuing Medical Education (CME)).

Budget

In the Budget section of your request, you will be asked to provide details regarding the income (e.g., registration fees) and expenses related to the activity for which your request is being submitted.

- Fill in only those fields that apply to your request.

Reconciliation

EMD Serono requires a reconciliation of funds for Accredited HCP Education programs, Patient Education programs, and Fellowships, and any unused funds must be refunded to EMD Serono as part of the reconciliation process. Reconciliation is not required for Donations for Independent Charity PAPs.

Records and Audit Rights

For Accredited HCP Education programs, Patient Education programs, and Fellowships, recipients must maintain all records relating to the educational activity for a period of two years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if EMD Serono requests an audit.

Back

Proceed

Cancel

Fellowships

- Complete the “General Information” tab
- **Click** “Save and Proceed to Next Step”

Fellowships

- Complete the “General Information” tab.
- **Click** “Save and Proceed to Next Step”

The screenshot shows the EMD Serono Request Detail page for a Fellowship request. The page is titled "Request Detail" and includes a "My Actions" button. The request ID is 2022-RMS-FEL-107912. The form is divided into several tabs: "General Information" (selected), "Request Information", "Budget", "Document Uploads", and "Authorized Signer/Payee".

The "General Information" tab contains the following fields:

- Activity Sub-Type:** Fellowship (dropdown menu)
- Therapeutic Area:** Neurology (dropdown menu)
- Disease State:** MS (dropdown menu)
- Choose Additional Therapeutic Area:** A blue button.
- Program Title:** RFP: 2023 IM IN EMD Serono Neurodisparity Fellowship (text input)
- Program/Activity Description:** Neurodisparity Fellowship - see attached description (text input)
- Decision Requested by Date:** 24 Feb 2023 (calendar icon)
- Currency:** USD
- Requested Amount:** 150,000.00 (text input)
- Estimated Program Budget:** 150,000.00 (text input)
- Is other financial support being sought for this program?:** No (radio buttons)
- Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent:** 0-24% (dropdown menu)
- Number of participants in the program:** 1 (text input)
- Number of participants for which you are requesting support:** 1 (text input)
- Does this Request have a diversity, inclusion, or equality component to it?:** Yes (radio buttons)
- If yes, summarize it in 1-2 sentences:** (Provide a 2 sentence summary) (text input)

At the bottom of the form, there are four buttons: "Save and Back", "Save and Continue Later", "Save and Proceed to Next Step", and "Cancel".

Fellowships

- Complete the “Request Information” tab. Fill out fields as indicated below:
 - Needs Assessment Summary: Tell us about the “need” your fellowship will address. You can also refer to an uploaded document (uploaded later on).
 - Criteria for selecting a participant: For compliance reasons, simply type “Competitive Process” and provide no further information
 - Learning Objectives: The system requires you to enter at least one Learning Objective.
 - **IMPORTANT**: You must type in an objective and then **click** the checkmark under the “Action” column on the far right. Once you do, a pencil icon will appear in the “Edit” column. If you wish, you may type in a second objective and then **click** the checkmark next to it.
- When done, **click** “Save and Proceed to Next Step”

EMD SERONO

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Request Detail

Request ID: 2022-RMS-FEL-107912

Please complete all required fields. An asterisk * indicates a required field.

General Information | **Request Information** | Budget | Document Uploads | Authorized Signer/Payee

* Needs Assessment Summary
Please provide brief description of the need for funding.

Our fellowship will address the neurodisparity needs of the underserved Black and Brown MS populations in the metro-XXX area.....

* Criteria for selecting a participant

Competitive Process

* Learning Objectives
How will the participant benefit from this program?

Objective	Edit	Action
Identify barriers to treatment for Black and Brown patients with MS		<input checked="" type="checkbox"/>
		<input type="checkbox"/>

Add Objective

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Fellowships

- Complete the “Budget” tab
- **Tips:**
 - The amount of the “Estimated Program Budget” and “Request Amount” will be pre-populated from the “Request Information” tab. The “Detailed Budget” column will show zeros and the “Difference” column will appear in red until you add your Budget Items.
 - Select “salary” from the “Budget Item” drop-down menu, enter the amount, # of people and requested amount (e.g., \$110,000)
 - To add your second budget item, **click** “Add Row”. Add as many rows as you need to account for your full budget.
 - When done, the “Detailed Budget” column will be filled out and the “Difference” column will show zeros.
 - **Click** “Save and Proceed to Next Step”

Request Detail
Request ID 2022-RMS-FEL-107912
Fill in only those fields that apply to your request.
Items that do not fall into a specifically listed category in the budget section should be included in the other section of the budget, and a description should be entered in the comments field. If necessary, a more detailed budget may be uploaded in the Document Uploads section of the request.

General Information | Request Information | **Budget** | Document Uploads | Authorized Signer/Payee

Please complete all required fields. Asterisk "*" Indicates Required Field

Currency : USD			
	General Information	Detailed Budget	Difference
Estimated Program Budget	150,000.00	0.00	150,000.00
Requested Amount	150,000.00	0.00	150,000.00

Budget

Budget Item	Amount	Number of People	Estimated Program Budget	Requested Amount	Comments
Total			USD 0.00	USD 0.00	

Buttons: Add Row, Save and Back, Save and Continue Later, Save and Proceed to Next Step, Cancel

Request Detail
Request ID 2022-RMS-FEL-107912
Fill in only those fields that apply to your request.
Items that do not fall into a specifically listed category in the budget section should be included in the other section of the budget, and a description should be entered in the comments field. If necessary, a more detailed budget may be uploaded in the Document Uploads section of the request.

General Information | Request Information | **Budget** | Document Uploads | Authorized Signer/Payee

Please complete all required fields. Asterisk "*" Indicates Required Field

Currency : USD			
	General Information	Detailed Budget	Difference
Estimated Program Budget	150,000.00	150,000.00	0.00
Requested Amount	150,000.00	150,000.00	0.00

Budget

Budget Item	Amount	Number of People	Estimated Program Budget	Requested Amount	Comments
Salary	110,000.00	1	110,000.00	110,000.00	
Fringe Benefits	35,000.00	1	35,000.00	35,000.00	
Other (describe in comments)	5,000.00	1	5,000.00	5,000.00	Registration and travel to congress
Total			USD 150,000.00	USD 150,000.00	

Buttons: Add Row, Save and Back, Save and Continue Later, Save and Proceed to Next Step, Cancel

Fellowships

- Complete the “Document Uploads” tab
- Agenda: Upload a document which describes the fellow’s activity during the fellowship.
 - If the agenda is covered in the document uploaded under “Proposal”, simply upload the same document for both fields.
- Formal Letter of Request
- Proposal: Often a “needs assessment” is included in the proposal.
- Additional documents can be uploaded by clicking the “Add Document” box.

The screenshot shows the 'Request Detail' page for a request with ID 2022-RMS-FEL -107912. The page is titled 'Request Detail' and includes a navigation bar with links for 'My Account', 'Help', 'Change Password', 'FAQ', 'Privacy Policy', and 'Log out'. Below the navigation bar is a 'My Actions' tab. The main content area is titled 'Request Detail' and contains the following information:

Request ID 2022-RMS-FEL -107912
 This page allows you to upload supporting documents electronically. Some documents are mandatory for upload and indicated by asterisk "*".
 Please feel free to submit any additional relevant documents that may help us review your request (e.g., agendas, proposed faculty, description of the organization, detailed needs assessment, etc.).

Upload Documents
 Upload documents by specifying a document title below and clicking the Browse button. Select the appropriate file for the document you wish to attach to your request and click the Upload button (maximum upload size = 20 Megabytes).
 Documents of the following types may be uploaded: pdf, docx, xlsx, xls, doc, rtf, gif, txt, ppt, pptx, jpg, jpeg.

The page features a progress bar with five steps: General Information, Request Information, Budget, Document Uploads (current step), and Authorized Signer/Payee. Below the progress bar are two questions with radio button options:

- * Is the current Tax Documentation in your profile up to date? Yes No
[View Uploaded Tax Documentation](#)
- * Is the current IRS letter of determination in your profile up to date? Yes No
[View IRS letter of determination](#)

Below these questions is a table for document uploads:

* Agenda	Blank Test Document.docx	✕
* Formal Letter of Request	Blank Test Document.docx	✕
* Proposal	Blank Test Document.docx	✕

At the bottom of the page are four buttons: 'Save and Back', 'Save and Continue Later', 'Add Document', and 'Save and Proceed to Next Step'. There is also a 'Cancel' button at the very bottom.

Fellowships

- Complete the “Authorized Signer/Payee” tab
- If someone besides you must sign the Fellowship Funding Agreement, list that person here.
- **Note:** All payments are made by ACH transfers. If your request is approved, we will contact you for your bank information.

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My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Request Detail

Request ID 2022-RMS-FEL-107912
Please complete all required fields. An asterisk "*" indicates a required field.
The Authorized Signer is the person who would need to sign the Letter of Agreement (LOA).

General Information | Request Information | Budget | Document Uploads | **Authorized Signer/Payee**

Authorized Signer

* Is the Authorized Signer listed below correct?
This is an individual within the requesting organization who has the authority to sign the Letter of Agreement. Yes No

Authorized Signer First Name: AAA
Authorized Signer Last Name: BBB
Authorized Signer Email Address: President@MyOrganization.com

Payee Information

* Attention:

* Is the listed address below correct?
This address is informational only. Click No to indicate a different address to send the payment. Yes No

Address 1	Country	City	State/Province/Region	Postal Code
123 Main Street	United States	Town	MA	02108

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Fellowships

- On the “Review Request” page, review all the information to make sure it is correct.
- If you need to revise any information, **click** on the “pencil” icon in the blue bar on the far right-hand side
- At the bottom of the page, you must read and agree to our Compliance Commitment by **ticking the box** and then **click** “Proceed”.
- This submits your Proposal.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

EMD SERONO

My Actions

Request Review
Request ID 2022-RMS-FEL -107912

Print

General Information

Request ID	2022-RMS-FEL -107912
Activity Sub-Type	Fellowships
Therapeutic Area	Neurology
Disease State	MS
Program Title	RFP: 2023 I/M IN EMD Serono Neurodisparity Fellowship
Program/Activity Description	Neurodisparity Fellowship - see attached description
Decision Requested by Date	24 Feb 2023
Currency	USD
Requested Amount	150,000.00
Estimated Program Budget	150,000.00
Is other financial support being sought for this program?	No
Number of participants in the program	1
Please enter the approximate percentage of your Organization/Institutions total annual budget that this request would represent	0-24%
Number of participants for which you are requesting support	1
Does this Request have a diversity, inclusion, or equality component to it?	Yes
If yes, summarize it in 1-2 sentences	(Provide a 2 sentence summary)

Request Information

Needs Assessment Summary	Our fellowship will address the neurodisparity needs of the underserved Black and Brown MS populations in the metro-XXX area....
Criteria for selecting a participant	Competitive Process
Learning Objectives	Objective Identify barriers to treatment for Black and Brown patients with MS

 agree to the Compliance Commitment of EMD Serono. If EMD Serono approves this request, we will make an appropriate disclosure of its support.' Below the text are three buttons: Cancel, Back, and Proceed."/>

Agreement

* agree to the [Compliance Commitment](#) of EMD Serono. If EMD Serono approves this request, we will make an appropriate disclosure of its support.

Cancel Back Proceed

Fellowships

- After submitting your Request, you will see a “Thank You” screen which acknowledges your submission
- If you want to go to your inbox, **click** the “Proceed” button

The screenshot shows the EMD Serono user interface. At the top right, there is a navigation bar with links: My Account | Help | Change Password | FAQ | Privacy Policy | Log out. The EMD Serono logo is on the left. Below the logo is a 'My Actions' button. The main content area is titled 'Thank You!' and contains the following text:

Request ID: 2021-RMS-FEL -192
Program Title: Fellowship Program

Thank you for submitting a funding request to EMD Serono. You can track the status of your request through the “status column” located on your homepage of EMD Serono’s Request Management System

As we evaluate your request, we may need additional information from you. If so, our Grant Coordinator will post a message to that effect on your homepage in the Request Management System and send you a follow up e-mail. Once we receive the additional information from you, we will process your request. If we do not hear from you within 10 days, we will not take any further action on your request.

In the meantime, if you have any questions, you may contact us at FundingRequests@emdserono.com.

At the bottom right of the content area is a blue 'Proceed' button.

DONATIONS TO INDEPENDENT CHARITY PATIENT ASSISTANCE PROGRAMS

Donations to Independent Charity Patient Assistance Programs

How to Submit a Request

- Once you have logged in, **click** on "Submit New Request" button



EMD SERONO

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Welcome, .

Welcome to EMD Serono Request Management System Homepage!

General Information and Eligibility

All funding requests must be processed through EMD Serono's Request Management System. Please do not submit requests on paper, by email or through other means. Once you submit a funding request, you'll receive an email letting you know we received it. As we review your request, we might need to contact you for additional information. Please respond promptly so we may complete our review as quickly as possible.

Requests can be submitted online at any time, all year round. Please be sure to submit your request at least 90 days before any medical education or fellowship program begins and

Reviewing Request Status

In your "inbox" below, you can view the status of all requests submitted to date. The status of each request is updated regularly as the status changes.

[Submit New Request](#)

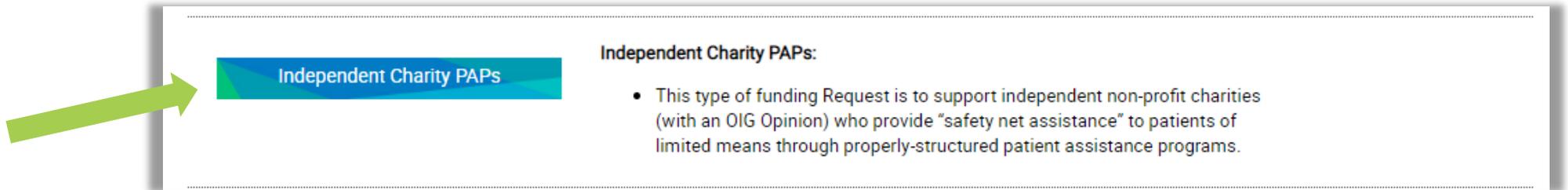
Education Inbox

Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
2021-RMS-MED -106728	Draft				Please Complete Request		
2021-RMS-FEL -106708-01	Approver Review		Claudia Test UAT Fellowship Program	03 Jan 2022			View/Print Agreement
2021-RMS-PAT -106724	Under Review		Test	03 Jan 2022			
2021-RMS-FEL -106722	Draft		Test on 8/18/21		Please Complete Request		
2021-RMS-FEL -106720	Draft				Please Complete Request		
2021-RMS-PAT -106718	Draft				Please Complete Request		
2021-RMS-MED -106716	Draft				Please Complete Request		

Donations to Independent Charity Patient Assistance Programs

How to Submit a Request

- On the “Request Type Selection” page, **click** on “Independent Charity PAPs”



The screenshot shows a software interface with a selection menu. A green arrow points to a blue button labeled "Independent Charity PAPs". To the right of the button, the text "Independent Charity PAPs:" is followed by a bulleted list describing the funding request type.

Independent Charity PAPs:

- This type of funding Request is to support independent non-profit charities (with an OIG Opinion) who provide “safety net assistance” to patients of limited means through properly-structured patient assistance programs.

Donations to Independent Charity Patient Assistance Programs

- Read the “Request Completion Instructions”
- **Click** “Proceed”

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

EMD SERONO

My Actions

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select "OK" and immediately click anywhere within the request system in order to remain active. If you do not select "OK" or if you do not click anywhere within the request System within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your request should be the general timeframe in which you expect the program to begin and end. Do not include the time spent planning the program or selecting the fellows.
- Note: Funding is available for tradition medical/scientific fellowships (which are typically year-long, programmatic opportunities for professional development of a fellow at a particular institution in a particular scientific or medical field) and so-called advocacy fellowships (which are specific programs to train fellows about patient advocacy and how to work with their communities, the media and policymakers to create change for patients). When describing your fellowship, indicate which type it is.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of EMD Serono's Request Management System.

Letter of Agreement

If EMD Serono provides funding for your request, a Letter of Agreement (LOA) will be sent to you via email and an authorized representative for all parties will be required to sign the LOA.

Back Proceed Cancel

Donations to Independent Charity Patient Assistance Programs

- Fill out the Request Details
- **Click** “Save and Proceed to Next Step”

Request Detail

Request ID 2021-RMS-PAP-106950

Overview Authorized Signer/Payee

- * Area of Focus
Please select all Area of Focus items that relate to your program.
- * Geographic Focus of Organization
- Organization's Mission Statement
Limit of 500 characters
- * Currency
USD
- * Organization's Annual Operating Budget
- * Name of Fund
Please enter the name of the event.
- Brief description of request or program
Limit of 500 characters
- * Geographic Focus of Request
- * Requested Amount
- * Upload OIG Advisory Opinion
Upload your Advisory Opinion from the Office of the Inspector General of the US Dept. of Health and Human Services.
- * Is the current Tax Documentation in your profile up to date?
[View Uploaded Tax Documentation](#)
- * Is the current IRS letter of determination in your profile up to date?
[View IRS Letter of determination](#)
- Have you previously received funding from EMD Serono?
 Yes No

Save and Back Save and Continue Later Save and Proceed to Next Step

Cancel

Donations to Independent Charity Patient Assistance Programs

- Complete the “Authorized Signer/Payee” tab
- **Tip:** If someone other than you will be signing the Agreement for funding, **click** the “no” button and enter that person’s information
- **Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information
- **Click** “Save and Proceed to Next Step”

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My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Request Detail

Request ID 2021-RMS-PAP-106950

Overview Authorized Signer/Payee

Authorized Signer

* Is the Authorized Signer listed below correct? Yes No

Authorized Signer First Name Me

Authorized Signer Last Name Me

Authorized Signer Email Address leigh02420@gmail.com

Payee Information

* Attention:

Address 1	Country	City	State/Province/Region	Postal Code
1111111	United States	xxxxxxx	MA	02421

Save and Back Save and Continue Later Save and Proceed to Next Step

Cancel

Donations to Independent Charity Patient Assistance Programs

- Review the entire request before you submit it
- If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

EMD SERONO

My Actions

Request Review

Request ID 2021-RMS-PAP -106950 Print

Overview

Request ID	2021-RMS-PAP -106950
Area of Focus	Oncology
Geographic Focus of Organization	Regional
Organization's Mission Statement	xxx
Currency	USD
Organization's Annual Operating Budget	1,000,000.00
Name of Fund	the helping fund
Brief description of request or program	xxxx
Geographic Focus of Request	Regional
Requested Amount	200,000.00
Upload OIG Advisory Opinion	Blank Document.docx
Is the current Tax Documentation in your profile up to date?	Yes View Uploaded Tax Documentation
Is the current IRS letter of determination in your profile up to date?	Yes View IRS Letter of determination
Have you previously received funding from EMD Serono?	No

Authorized Signer and Payee

Is the Authorized Signer listed below correct?	Yes
Authorized Signer First Name	Me
Authorized Signer Last Name	Me
Authorized Signer Email Address	leigh02420@gmail.com

Payee Information

Attention	Me Me			
Address 1	Country	City	State/Province/Region	Postal Code
1111111	United States	xxxxxxx	MA	02421

Donations to Independent Charity Patient Assistance Programs

- After submitting your Request, you will see a “Thank You” screen which acknowledges your submission
- If you want to go to your inbox, **click** the “Proceed” button

HOW REQUESTS ARE REVIEWED

06

Review Process

Initial Review

- All Requests are reviewed by our Request Coordinator to confirm they are complete.
- If your Request is incomplete, our Request Coordinator will contact you with a Request for Additional Information.
 - Some common mistakes are:
 - Honoraria and travel expenses
 - Program details are incomplete
 - Missing documents
 - Including impermissible budget line items

Committee Review

- When your Request is complete, it will be evaluated by our Review Committee.
- Requests are evaluated on a rolling basis, according to the requirements and restrictions for each type of Request.
- The Committee prioritizes support for Requests that **advance dual purposes** - improving healthcare knowledge/ advancing patient care, while **also** advancing diversity, inclusion and equality in the practice of medicine, treatment of patients, and training of healthcare providers.
- You will be notified of the Committee's decision. All decisions are final and there is no appeal process.

HOW PAYMENT WORKS

07

Letter of Agreement

Funding Agreements (called a “Letter of Agreement”) are required for these three types of Requests:

- Patient Education
 - Fellowships
 - Donations to Independent Charity Patient Assistant Programs
-
- A budget **reconciliation** is required for these three types of Requests, plus for Sponsorships/Exhibits

You will receive an email letting you know your funding agreement is ready to review and sign.

Letter of Agreement

How do I view and sign my Letter of Agreement?

- Navigate to your Inbox
- To sign the Letter of Agreement, **click** on "Please Submit Letter of Agreement"

Education Inbox

Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outco
2021-RMS-PAT -106738	Sign LOA		Test LOA	01/11/2022	Please Submit Letter of Agreement	
2021-RMS-MED -106736	Draft				Please Complete Request	
2021-RMS-MED -106734	Draft		Test Med Ed Program Objectives		Please Complete Request	

Letter of Agreement

How do I view and sign the Letter of Agreement?

- Read the Letter of Agreement
- To accept it, **Click** "Approve". Your electronic signature will be placed on the bottom of the Agreement.
- If you do not agree to the Agreement, or would like to request a change, please contact our Request Coordinator, at fundingrequests@emdserono.com, or at (212) 589-3507. Please know that most terms are non-negotiable.

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My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Execute Agreement

Grant Agreement for Medical Education Program

Grant ID #:106254 Effective Date: 6/17/2021 This Grant Agreement ("Agreement") is effective as of the Effective Date between EMD Serono, Inc., One Technology Place, Rockland, Massachusetts 02370 ("EMD Serono"), and Name ("Sponsor"): Medical Learning Institute Inc **Street Address:** 40946 US Highway 19 N Suite #602 **City, State, Zip:** Tarpon Springs, FL 34689 **Title of CME Program:** PeerView Live MasterClass and Practicum, ?Bruton Tyrosine Kinases for MS: Progress in the Development of an Emerging Therapeutic Approach? (150206823) **Date and Location of CME Program:** 10/26/2021 - 11/11/2022, San Diego, CA, 92101 **Amount Approved:**\$317,990.00 **1. Background.** EMD Serono believes that dissemination of scientific and educational information is a worthy undertaking, which is deserving of support. EMD Serono is committed to carrying out such support in an appropriate manner and in compliance with all applicable laws, rules and regulations, including the guidelines and standards set forth by ACCME, ACPE, AMA, AAMC, CCRN, FDA, and PhRMA. Sponsor has filed a grant application with EMD Serono wherein it has requested commercial support for a continuing medical education program (the "Program"). EMD Serono has approved the grant application for the Program on the terms and conditions set forth in this Agreement. **2. Amount of Grant Approved and Use of Grant Funds.** EMD Serono has approved Sponsor's grant request in the amount set forth above. Funds shall be in the form of an

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Serono employees are required to comply with all laws relating to the conduct of business in the pharmaceutical and biotech industries, including the Anti-Kickback Statute, the False Claims Act, the Food, Drug and Cosmetic Act and the Prescription Drug Marketing Act. To maintain the integrity of our relationships with providers and to help EMD Serono employees abide by the laws and regulations, EMD Serono has voluntarily adopted the PhRMA Code on Interactions with Healthcare Professionals, a set of industry guidelines governing relationships between pharmaceutical firms and physicians. **EDUCATIONAL GRANTS POLICY** EMD Serono believes that dissemination of scientific and educational information is a worthy undertaking deserving of support. Educational grants must comply with EMD Serono's grant submission and approval procedures, which require that grant requests be submitted to EMD Serono in writing in advance of the event, and that all requests include detailed information concerning the activity to be supported (including a budget showing how the funds will be used). **In awarding a grant, no preference is given as a reward or in exchange for prescribing or purchasing EMD Serono products or to induce the prescription or purchase of EMD Serono products in the future.** Grant recipients are not expected or obliged to prescribe, purchase, or recommend any EMD Serono product. Additional requirements concerning the use of educational funding are set forth in the grant agreement that must be signed in connection with any grant award. **CONFLICTS OF INTEREST** EMD Serono employees have an obligation to act in the Company's best interest and act with integrity. EMD Serono employees are instructed to avoid conflicts of interest, where outside activities or personal interests may jeopardize the individual's ability to make objective decisions in the course of doing his or her job.

I hereby certify that I am the authorized signer for this program.

Back Decline Approve

Letter of Agreement

How do I view and print the signed the Letter of Agreement?

- Navigate to your Inbox
- To read the Agreement, **click** on "View/Print Agreement"
- You can print a copy of the Agreement, if you want but this is not necessary. The Agreement will always be accessible to you via the system.

Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
2021-RMS-PAT -106738	Pending Payment		Test LOA	01 Jan 2022			View/Print Agreement
2021-RMS-MED -106736	Draft				Please Complete Request		

ACH Transfers

Method for Payment

- To increase security and reliability, all payments are made via electronic ACH transfers.
 - Checks are no longer used.
- If your organization has received funding from EMD Serono before, then we already have your banking information.
- Payment will be made via an ACH transfer within 2 to 3 weeks of signing the Letter of Agreement.

First-Time Funding Recipients

- If your organization has not received funding from EMD Serono before, then we will contact you to set up an ACH transfer.

AMENDING YOUR REQUEST

Amendments

How do I amend my Request before it is approved?

- You may amend your Request at any time before it is approved. The request will need to be returned to you to allow you to make any changes.
- In order to do that, contact the EMD Request Coordinator at
 - Email: fundingrequests@emdserono.com
 - Phone: 212-589-3507

Amendments

Proposing an amendment after your Request has been approved

- After your Request has been approved, you may propose an amendment to the scope, date, budget, audience, etc., but it will be subject to EMD Serono's discretion to approve it
- To amend your request after it is approved, navigate to your Inbox
- **Click** on Program Title. This will take you to the request page
- At the bottom of the page **Click** on "Create Amendment"

Education Inbox							
Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
2021-RMS-PAT -106738	Pending Payment		Test LOA	01 Jan 2022			View/Print Agreement
2021-RMS-MED -106736	Draft				Please Complete Request		
2021-RMS-MED -106734	Draft		Test Med Ed Program Objectives		Please Complete Request		
2021-RMS-PAT -106732	Draft		Test Patient Ed Program Type		Please Complete Request		

Agreement

* I agree to the [Compliance Commitment](#) of EMD Serono Request Management System and the use of this website. Should EMD Serono approve this request we will make appropriate disclosure of the company's support.

I further certify that this organization does not discriminate by age, race, sex, religion, sexual orientation or disability.

Amendments

Proposing an amendment after your Request has been approved

- You may amend the following parts of your Request:
 - Learning Objectives
 - Outcomes
 - Delivery Format (including dates)
 - Document Upload (updated agenda)
 - Requested Amount and budget
- In the field "Change of Scope Amendment" field, provide a reason for requesting the change
- Click** the check box next to the acknowledgment statement
- Click** "Continue".

Scope Change Request

An Amendment can only occur in these areas.

- Learning Objectives
- Outcomes
- Delivery Format (including dates)
- Document Upload (Updated Agenda)
- Requested Amount and budget
- Product Requests (if applicable)

* Why are you requesting an amendment to this request? Change of Scope Amendment

I acknowledge this amendment request is in the area of one of these sections.

Back
Continue

Amendments

Proposing an amendment after your Request has been approved

- As you proceed through each tab, only those fields that can be amended are highlighted in blue and open for editing
- Learning Objectives
- Outcomes
- Delivery Format (including dates, location information and audience)
- Document Upload (updated agenda)
- Requested Amount and budget

Request Detail

Request ID 2021-RMS-PAT -106724-01

Please continue through the request and indicate the amendments desired. The areas highlighted in blue are the change in scope.

General Information | Request Information | **Delivery Format** | Budget | Document Uploads | Accreditation Details | Authoriz

Total # Of /	Delivery Format	Print	Geographic Reach	National
Enduring A	Release Date	03 Jan 2022	Expiration Date	31 Dec 2022
Live Activit	Audience Generation Tactics	Test	Description of Enduring Activity	Test
Web Activit				

Audie

* Delivery Format Type

* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Invitations Expected to be Distributed	* # of Expecte Learner

Add Audience Group

Save

Total # Of Activities	1	Total # of Learners	1000
Enduring Activities	1	Enduring Learners	1000
Live Activities	0	Live Learners	0
Web Activities	0	Web Learners	0

Amendments

Proposing an amendment after your Request has been approved

- After completing your amendment, double check it for accuracy
- **Note:** Your Request ID now has an extension of "01" indicating an amendment has been requested. If you request additional amendment, they will be sequentially numbered

Request Review

Request ID 2021-RMS-PAT -106738-01   

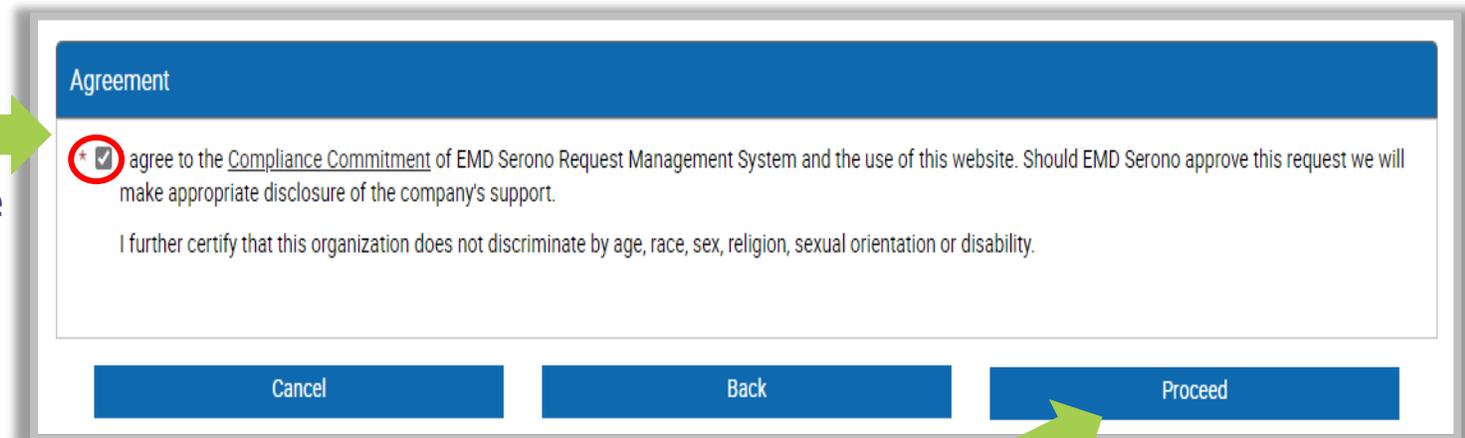
General Information

Request ID	2021-RMS-PAT -106738-01
Activity Sub-Type	Patient Education
Therapeutic Area	Oncology
Disease State	Lung Cancer
Program Title	Test LOA
Program/Activity Description	Test
Decision Requested by Date	30 Nov 2021
Currency	USD
Requested Amount	10,000.00
Estimated Program Budget	10,000.00
Is other financial support being sought for this program?	No
Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent	0-24%
Anticipated Revenue from Registrations	0.00

Amendments

Proposing an amendment after your Request has been approved

- At the bottom of the Request Review page, **click** the check box to accept the Compliance Commitment
- **Click** "Proceed" to submit the Amendment Request



Agreement

I agree to the [Compliance Commitment](#) of EMD Serono Request Management System and the use of this website. Should EMD Serono approve this request we will make appropriate disclosure of the company's support.

I further certify that this organization does not discriminate by age, race, sex, religion, sexual orientation or disability.

Cancel Back Proceed

Amendments

Proposing an amendment after your Request has been approved

- You will receive a Thank You! advising you the Amendment has been submitted
- If there are follow-up questions, the Request Coordinator will contact you

Thank You!

Request ID: 2021-RMS-FEL -106708-01

Program Title: Claudia Test UAT Fellowship Program

Thank you for submitting a funding request to EMD Serono. You can track the status of your request through the "status column" located on your homepage of EMD Serono's Request Management System at <https://emdserono-rms-uat.icc.solutions.iqvia.com/EMDSerono-RMS-UAT/>.

As we evaluate your request, we may need additional information from you. If so, our Grant Coordinator will post a message to that effect on your homepage in the Request Management System and send you a follow up e-mail. Once we receive the additional information from you, we will process your request. If we do not hear from you within 10 days, we will not take any further action on your request.

In the meantime, if you have any questions, you may contact us at FundingRequests@emdserono.com.

Proceed

Amendments

Proposing an amendment after your Request has been approved

- You can now see the status of your Amendment, "Under Review" in your Inbox
- You will be contacted through the system once we have made a decision on the amendment

Education Inbox						
Request ID	Status	Amendment	Program Title	Start Date	Action Required	Outco
2021-RMS-PAT -106738-01	Under Review		Test LOA	01 Jan 2022		
2021-RMS-MED -106736	Draft				Please Complete Request	
2021-RMS-MED -106734	Draft		Test Med Ed Program Objectives		Please Complete Request	

HOW CLOSE OUT WORKS

08

Reconciliation

- **Four types of Requests require a reconciliation**
 - Patient Education
 - Fellowships
 - Donations to Independent Charity Patient Assistant Programs
 - Sponsorships/Exhibits
- **You must reconcile (1) the number of attendee and (2) use of your funds**

Reconciliation

How do I reconcile my Request?

- Navigate to your Inbox.
- **Click** “Please Reconcile Budget and Attendance”

2021-RMS-PAT -106718	Draft				Please Complete Request	
2021-RMS-MED -106716	Draft				Please Complete Request	
2015-RMS-FEL -102020	Pending Reconciliation	NCI Cancer Immunotherapy Fellowship	01 Jul 2016		Please Reconcile Budget and Attendance	View/Print Agreement

Page size: 50 | 12 items in 1 pages

Reconciliation

How do I reconcile my Request?

- **Click** on the pencil icon
- This will open the "Delivery Format" section of the Request

Reconcile Speakers and Attendees

Total # Of Activities	1	Total # of Learners	0
Live Activities	1	Live Learners	0

Delivery Format	Live: Teleconference	Venue Name	NIH Clinical Center		
Venue Country	United States	State	MD	Venue City	Bethesda
Activity Start Date	01 Jul 2016	Activity End Date	30 Jun 2022		



Reconciliation

How do I reconcile my Request?

- **Step 1** – For **each** “Delivery Format,” you must fill in the actual number of attendees/learners.
- The “Total # of Learners” field will be blank and that’s where you put the number of attendees/learners.
- **Click** “Save Activity”
- When complete **Click** “Save and Proceed to Next Step”
- **Tip:** If you had more than one Delivery Format, you will need to submit information on each one.
- **Tip:** You can add additional audiences by **Clicking** “Add Audience Group”

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Learners Actual to Receive Credit	Actual # of Learners who received credit
N/A	Fellowship	N/A	0	0	0

Is any external approval required before the activity can occur? No/Unknown

Delivery Format Type: Live

* Delivery Format: Live: Teleconference

* Activity Start Date: 01 Jul 2016

* Activity End Date: 30 Jun 2022

Venue Name: NIH Clinical Center

Venue City: Bethesda

State:

* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Actual Learners	* # of Actual Learners to Receive Credit
N/A	Fellowship	N/A	0	0	0

Add Audience Group

* Is any external approval required before the activity can occur? Yes No/Unknown

Save Activity

Total # Of Activities	1	Total # of Learners	0
Live Activities	1	Live Learners	0

Back Save and Continue Later Save and Proceed to Next Step

Reconciliation

How do I reconcile my Request?

- **Step 2** – For each tab in the budget, put the actual cost for each line-item.
- **Click** “Save and Proceed to Next Budget Tab” until all tabs are completed.
- **Tip:** If there are no changes to the original budget, **Click** “Save and Proceed to Next Step” and original budget will be reconciled.

Budget Information

Please complete all required fields. Asterisk '*' indicates required field.

Currency : USD			
Estimated Program Budget	150,000.00	Approved Amount	75,000.00
Actual Program Cost	150,000.00	Actual Amount Used	75,000.00
Program Cost Difference	0.00	Refund Amount	0.00

Account & Activity Management

Accreditation Costs

Content Development

Faculty and Staff Travel

Honoraria

Meals

Meeting Logistics

	Estimated Program Budget	Actual Program Costs	Requested Amount	Actual Amount Used	Comments
Logistics Management		<input type="text"/>		<input type="text"/>	<input type="text"/>
Financial management		<input type="text"/>		<input type="text"/>	<input type="text"/>
Content Management		<input type="text"/>		<input type="text"/>	<input type="text"/>
Audience Generation Management		<input type="text"/>		<input type="text"/>	<input type="text"/>
Other <small>Please provide specific details in the comment section.</small>	150,000.00	<input type="text" value="150,000.00"/>	75,000.00	<input type="text" value="75,000.00"/>	Default Migrated Value
Total	USD 150,000.00	USD 150,000.00	USD 75,000.00	USD 75,000.00	

Save and Back

Save and Continue Later

Save and Proceed to Next Budget Tab

Save and Proceed to Next Step

Cancel

Reconciliation

How do I reconcile my Request?

- **Step 3** – At “Reconciliation Details” screen, **Click** “Yes” to certify the reconciliation.
- For the field “Actual Revenue Generated”, fill in the amount of revenue generated from registration (if any). If none, enter zero.
- If you didn’t use all the funds, a refund is required. The system will automatically calculate it.
- **OPTIONAL FIELD** (only needed for Sponsorships): For the field “Sample of EMD Serono Logo Utilization”, upload a copy of a brochure, sign, booth, etc. with our logo on it. This is to substantiate the benefit we received (for audit purposes).
- **Click** “Submit” when reconciliation is complete.

Reconciliation Details

I certify that the funds and/or products received were used only for the activity(ies) detailed in my original request or approved change of scope.

Actual Revenue Generated from Registration Only (if did not charge registration fees, enter 0)

Total Proposed Program Budget USD 5,000.00

Approved Amount USD 5,000.00

Actual Total Program Budget USD 5,000.00

Actual Amount Used USD 5,000.00

Refund Amount USD 0.00

Document Title	Uploaded Document File Name	Date	Download
Sample of EMD Serono Logo Utilization	EMDS UAT Logo Utilization Test.docx	26 Aug 2021	<input type="button" value="Download"/>

EMD Serono's Request Coordinator

Email: fundingrequests@emdserono.com

Phone: 212-589-3507

