



# Go Cell Therapy: Healthcare Professional Onboarding



Pierre Fabre

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# What is the purpose of this document?

- **Go Cell Therapy** is a Pierre Fabre platform which enables Healthcare Professionals to order EBVALLO®. This document, outlines the steps required to **create an account** on Go Cell Therapy.

## Step 1: Request an account on Go Cell Therapy

- To create an account, go to the website [www.go-cell-therapy.com](http://www.go-cell-therapy.com) and click on **create an account**. You will then be requested to complete your contact and professional details.



Go Cell Therapy

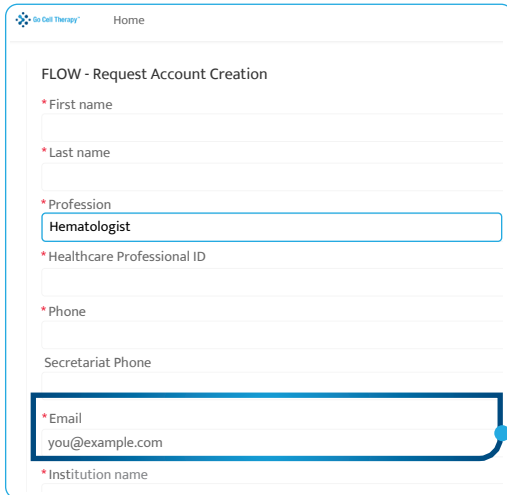
Password

Log in

Forgot your password?

Create an account

Click on  
**Create  
an account**



Go Cell Therapy Home

FLOW - Request Account Creation

\* First name

\* Last name

\* Profession  
Hematologist

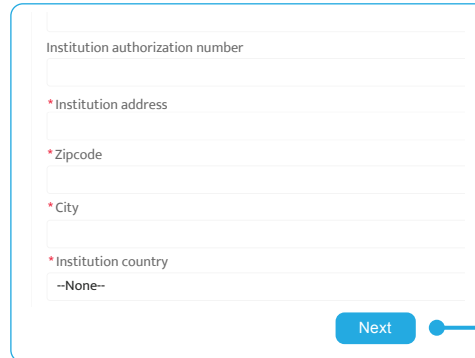
\* Healthcare Professional ID

\* Phone

Secretariat Phone

\* Email  
you@example.com

\* Institution name



Institution authorization number

\* Institution address

\* Zipcode

\* City

\* Institution country  
--None--

Next

Once you have completed all the information, click **Next** to validate your account.

You will receive an automatic email from **no-reply@go-cell-therapy.com** confirming the submission of your account creation request.

- Your **email address** will be your username to log-in to the platform. For security purpose, we recommend you to use **only your institution address**.

In case you use a different address, further documents to prove you are part of a health care institution can be requested to open the account.

- **For Healthcare Professionnal ID:** enter here your national or licence number, depending on your country
- **Institution authorization ID:** this field is not mandatory and refers to client identification for Pierre Fabre account

## Step 2: Complete your training & Confirm your information

Pierre Fabre now reviews your account creation, upon which you will receive 2 separate emails:

- A first email from **no-reply@go-cell-therapy.com**, containing training materials on Go Cell Therapy and EBVALLO®
- A DocuSign link to « Go Cell Therapy – Access Request for Patient Care Team », to confirm the training documents have been read and understood, and all information provided for your account creation is accurate.



### Go Cell Therapy - Access Request for Patient Care Team

**Purpose:** This form is required for authorized site users to gain access to Go Cell Therapy – the EBVALLO (tabelecleucel) online system for ordering, checking status, delivering and cellular data entry.

#### Account Creation Information

Healthcare Professional	INSTITUTION
First name: Antoine	Name: Hôpital Pitie Salpêtrière
Last name: Dupont	Address: 83 boulevard de l'Hôpital
Profession: Hematologist	
Profession ID: 08695735328	ZIP code: 75013
Email: antoine.dupont@pitie-salpetriere.com	City: Paris
Phone: +33600000000	Country: France

- I confirm the information above
- I hereby confirm that I have fully read and completed Go Cell Therapy training
- I confirm that I agree with the terms and conditions and privacy policy of the Go Cell Therapy Platform

#### Type of Department

Department supported by your center:

- Adult treatment center/department
- Pediatric treatment center/department

Ticking all these boxes is mandatory to proceed

#### System Access Request

Please select one of the two options below

I hereby confirm that I am a **physician**, that I have the right of prescription for EBVALLO and that I will perform the following tasks through the platform:

- Make a cycle request for a new patient
- Verify and approve lot proposals / or reject them
- Ask for another cycle
- Ask for a switch of lot
- Enter patients' response at the end of each cycle

I hereby confirm that I am a **medical assistant** and that I will perform the following tasks through the platform:

- Enter patient data with doctor's consent for a cycle request for a new patient
- View patient information and follow up cycle requests

I hereby confirm that I am in charge of **product management & ordering (pharmacist, cellular therapy unit)** and that I will perform the following tasks through the platform:

- Enter orders for ordering EBVALLO
- Verify and organize product shipment
- Report receipt and finished product

I hereby confirm that I am a **patient care team member (nurse, biologist, technician, other)** and that I will perform the following tasks through the platform:

- View patient information and follow up cycle requests (viewer access only)

#### Patient Care Team Member / Physician Signature

Healthcare Professional  
Date & Signature

Verified by  
Date & Signature

To confirm all the information you have to sign the document

Tick the box corresponding to your status (only 1 box possible)

## Step 3: Create your password

- Once Pierre Fabre has received your signed Access Request Form, you will receive an email from **no-reply@go-cell-therapy.com** asking you to create a password to finalize the creation of your account.

Please note that you have 72 hours to activate your account. In case of any issues, please contact Pierre Fabre directly with the [go-cell-therapy@pierre-fabre.com](mailto:go-cell-therapy@pierre-fabre.com) email address.

**From:** no-reply@go-cell-therapy.com  
**Object:** Go Cell Therapy (Pierre Fabre): Finalization of your account creation

Dear [Name]

We are pleased to confirm the creation of your Go Cell Therapy portal account.

In order to finalize your registration and access our services, please create your password by clicking on the link below within 72 hours

[link]

Your login : [email address]


If you have any questions, please contact a Pierre Fabre representative on the following email address:  
[go-cell-therapy@pierre-fabre.com](mailto:go-cell-therapy@pierre-fabre.com)

Sincerely,  
The Pierre Fabre Go Cell Therapy Team

## Step 4: Log in



- Once you have created your password, you will be able to **access Go Cell Therapy**:

 **Go Cell Therapy**

Email

Password

**Log in**

[Forgot your password?](#)

[Create an account](#)

Enter your email address, password and click Log in



Please note that for security reasons, you may be asked to change your password regularly.

# EBVALLO Treatment Request: What Information is Required?

## ● Patient information:

- Date of Birth, gender, weight, CMV Serostatus
- Patient HLA\* genotyping in **high resolution** (4 digits – 00:00)

## ● Transplant history:

- Brief medical history
- SOT, HCT or other
- Donor HLA\*: **high resolution (highly recommended)** or low resolution (donor ethnicity required).
- Suspected origin of EBV+ PTLD disease (i.e donor or patient)

*N.B If the disease originates from the graft: high resolution HLA typing is required.*

## ● Documents to be uploaded:

- Patient data privacy consent
- Patient HLA\* High Resolution typing report
- Donor HLA\* typing report

*For accuracy, Pierre Fabre requests the treating HCP to upload patient and donor HLA typing reports.*

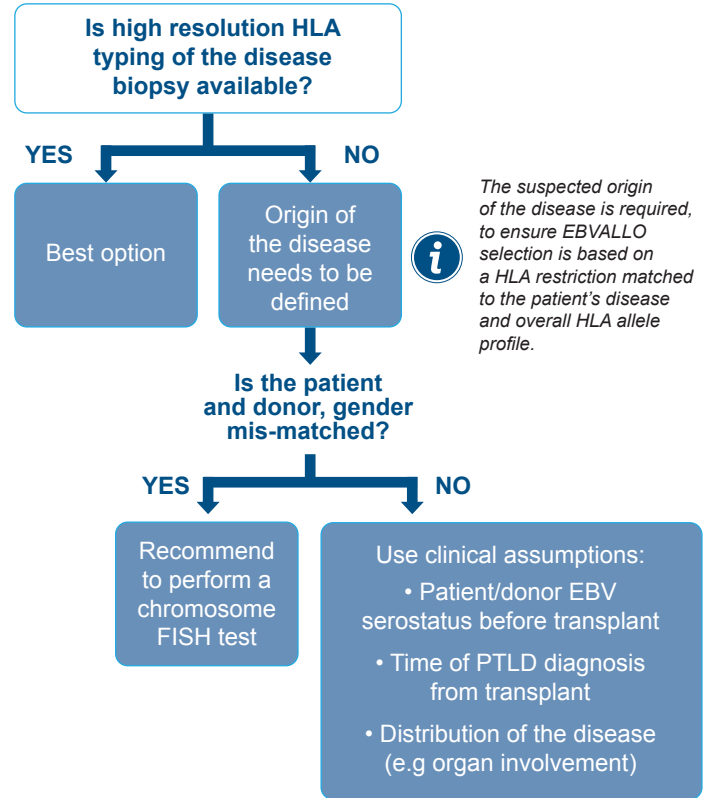
*N.B. All reports uploaded are anonymised to PF.*

Once all the required information is provided, Pierre Fabre can then initiate the EBVALLO lot selection process for the patient.

*\*HLA for alleles : A, B, C, DRB1, DQB1*

*CMV, Cytomegalovirus; HLA, human leukocyte antigen; SOT, solid organ transplantation; HCT, haematopoietic cell transplantation; HCP, healthcare professional; EBV+, Epstein-Barr virus positive; PTLD, post-transplant lymphoproliferative disease.*

## How to establish the suspected origin of EBV+ PTLD disease?





# THANK YOU

If you have any questions, please contact  
Pierre Fabre via email:  
[go-cell-therapy@pierre-fabre.com](mailto:go-cell-therapy@pierre-fabre.com)



Pierre Fabre