

Travel Certificate

GL-DA-2300202

I hereby confirm that my patient,

Name and surname of the patient	
Date of birth	-- / -- / -----

is under treatment with

UCB Injection Medication Name	
Generic Medication Name	

This is a medicine used for the treatment of various conditions, including

It is administered by subcutaneous injections.

I further confirm that my patient will be traveling abroad, and it is necessary for them to continue their treatment while abroad. In order to do so, they will need to transport the medication themselves. The medication is presented in the format of

It is important to note that this medication must be preserved between °.... and °.... at all times.

To ensure the safety and efficacy of the medication, I advise that my patient should not transport their medication inside the luggage compartment of a plane. Instead, it is recommended that they carry the medication with them in a suitable container that maintains the required temperature range during the journey.

Please provide any necessary assistance and considerations to facilitate the security checks and safe transportation of my patient's medication.

Treating Physician

Name:

Stamp:

Date: -- / -- / -----

Signature of the physician:

