REPUBLIC OF TÜRKİYE
PAMUKKALE UNIVERSITY HOSPITALS
HEALTH BOARD REPORT

Name and Surname:	K""* T"	Patient Number	1528171
TR ID Number:	7**5558 Yupass Number: SSK	Outpatient Clinic/Clinic	CHILD NEUROLOGY - OLCAY
Social Security:	HEA.PROVINCIAL DI., DENIZLI REG. SSK EMPLOYEE AND RELATIVE	Patient Protocol/Book Number	GÜN 151709C
		Medication Exemption Report No.	2025 / 83207-4UH4Q91 /19196046
Date of Examination:	22/07/2025 P./Y.of Birth: MERKEZEFENDİ/2025		
Report Date	23/07/2025	Medula Tracking No/Report No.	**515070091**
		Medula Report Tracking No.	

Diagnosis	Term	Start Date	End Date
296-10.02.3.1 - Spinal Muscular Atrophy Type-1 (G12.0, G12.9) [ ]	1 YEAR	23/07/2025	22/07/2026

G12.0 -SPINAL MUSCULAR ATROPHY Type-1

The patient is being monitored for motor, cognitive, respiratory, nutritional, physical therapy, rehabilitation, and orthopedic aspects throughout the treatment period. Standard assessments are performed using age-appropriate and disease-specific criteria. The patient was identified in the newborn screening program.

Active Ingredients

Order	Code	Active Ingredient Name	Ingredient Amount	Active Form	Treatment Scheme	Description
1	SGKGGL	NUSINERSEN SODIUM	2.4 MG	Parenteral	1 x 12 Milligrams / 1 Day	

Corrective Procedures

Date / Version: 23/07/2025-1 Description: The patient is being monitored for motor, cognitive, respiratory, nutritional, physical therapy, rehabilitation, and orthopedic needs throughout the treatment period. Standard assessments are being conducted using age-appropriate and disease-specific criteria. The patient was identified in a newborn screening program.

Decision: SMA is type 1 because clinical findings of SMA began before 6 months of age. There is no history or presence of any brain or spinal cord disease that would impede cerebrospinal fluid circulation or safety assessments for lumbar puncture procedures.

There is no implanted shunt or cerebrospinal fluid catheter for cerebrospinal fluid drainage. There is no history or presence of bacterial meningitis or viral encephalitis. There is no diagnosis of hypoxic-ischemic encephalopathy and no neurological sequelae related to hypoxic birth. A referral is being made for 12 mg/5 ml. The recommended dose is once daily on days 0, 14, 28, and 63. There is no need for invasive or noninvasive respiratory support.

There is a homozygous deletion in the SMN1exon7 gene and two copies in the SMN2exon7 gene.

The patient is cognitively normal. Consciousness is active, pupils are isochoric ++/++. Eye movements are free in all directions, ptosis, and facial asymmetry. There is no nystagmus or fasciculation. Other cranial nerves are intact, motor skills are normal, muscle strength is normal, extremities are spontaneously mobile, tone is normal, DTR is normoactive, and chondrogenesis is absent. Babinski -/-, HSM is absent, there is no murmur, no skin marks, and swallowing reflex is active. CHOP-INTEND: 64. Feeding is done via the cranial route. He breathes room air. He does not require oxygen.

0000-The procedure was completed successfully.

Dr. Lect. M.BESTE KİPÇAK YÜZBAŞI
Child Health and Diseases and Pediatric Neurology
Registered in: 139748

OLCAY GÜNGÖR
Pediatric Neurology
Registered in: 105341

Assoc. Prof. Dr. EMRAH EGEMEN, Neck and Nerve Surgery
Registered in: 162211

Approved by
Prof. Dr. NUSRET ÖK
Registered in: 126370

GERÇEK TERCÜME BÜROSU
GERÇEK TRANSLATION OFFICE
Muhammet YUSUFOĞLU
Selahattin Pınar Cd. Kazım Erbil İş Hanı No: 19
K: 4 D: 318 Şişli / İST.
Tel: 0212 216 80 51 - 0553 270 66 62
Zincirlikuyu V.D. No: 893 014 0443

This is to certify that above translation from Turkish into English is correct and authentic with the original.
Translator, officially sworn by Notary Public
Halil İbrahim TÜTÜNCÜOĞLU

Gerçek Tercüme Bürosu
0212 216 80 51
NOTER YEMİNLİ MÜTERCİMİ

İngilizceye tercüme edilen işbu tercümenin ibraz edilen Türkçe Aslına uygunluğunu onaylarım.
NOTER YEMİNLİ MÜTERCİMİ
Halil İbrahim TÜTÜNCÜOĞLU