



My Little Miracle

ESSAY CONTEST



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2009 ESSAY CONTEST

Application

RULES AND REGULATIONS:

- The My Little Miracle Essay Contest is open to infertility patients who conceived their child(ren) in a successful cycle using BRAVELLE® (urofollitropin for injection, purified) and/or MENOPUR® (menotropins for injection, USP).
- Only one entrant will be considered and one education fund awarded per family. Education fund may be divided among children for entries with multiple births.
- Essays will be judged by a panel including representatives from Ferring Pharmaceuticals and a renowned reproductive endocrinologist(s).
- Ferring Pharmaceuticals reserves the right to use any submitted essays and photos in press materials, publications, and promotional materials as well as on its Web site(s) and at promotional events.
- Entries submitted without a photo, *Professional Photographer Copyright Release Form* (if professional photo is submitted) and/or *Health Information Release Form*, and *Medical Confirmation and Physician Information Release Form* will not be eligible for prize consideration.
- Entries by family members of and individuals employed by Ferring Pharmaceuticals or affiliate entities are prohibited.
- Entries by previous winners of the Ferring Pharmaceuticals' My Little Miracle Essay Contest are prohibited.
- Winners must submit required 529 education fund transfer information by December 4, 2009 to claim their prizes.
- Winners who do not submit the required information by the specified date forfeit their rights to the prize fund.

I have read, understand, and agree to adhere to all of the rules and regulations of the Ferring Pharmaceuticals' My Little Miracle Essay Contest.

I verify that the essay submitted with this application is my original work and not a copy of materials protected by copyright law. I understand that Ferring Pharmaceuticals and other sponsors are not responsible for lost or damaged essays. I hereby authorize Ferring Pharmaceuticals and its designees and assignees to edit, modify, adapt, translate, exhibit, publish, transmit, copy, prepare derivative works from, distribute, display, and use any portion of my essay on a worldwide basis without any obligation to compensate myself, whether by payment of royalties or otherwise. I also authorize Ferring Pharmaceuticals to release my name, my partner's name, and my child's (children's) name(s), hometown, state, and photos in promoting the contest entrants. I authorize my physician to release medical information to the My Little Miracle Essay Contest sponsored by Ferring Pharmaceuticals.

Signature of Entrant: _____ Date: _____

Important Safety Information

Only physicians thoroughly familiar with infertility treatment, including the risk of multiple births and adverse reactions, should prescribe BRAVELLE® and MENOPUR®. BRAVELLE® and MENOPUR®, like all gonadotropins, are potent substances capable of causing mild to severe adverse reactions, including OHSS (overall incidence of 6.0% for BRAVELLE® and 3.8% for MENOPUR®), with or without pulmonary or vascular complications, in women undergoing therapy for infertility. BRAVELLE® and MENOPUR® are contraindicated in women who have a high FSH level indicating primary ovarian failure; uncontrolled thyroid and adrenal dysfunction; an organic intracranial lesion such as a pituitary tumor; abnormal uterine bleeding of undetermined origin; ovarian cysts or enlargement not due to polycystic ovary syndrome; prior hypersensitivity to respectively, urofollitropins, purified, and menotropins or MENOPUR®. BRAVELLE® is contraindicated for the presence of any cause of infertility other than anovulation. MENOPUR® is contraindicated for sex hormone dependent tumors of the reproductive tract and accessory organs. BRAVELLE® and MENOPUR® are contraindicated in women who are pregnant. BRAVELLE® may cause fetal harm when administered to a pregnant woman. There are limited human data on the effects of BRAVELLE® and menotropins when administered during pregnancy.

Only physicians thoroughly familiar with infertility treatment should prescribe ENDOMETRIN®. In clinical trials (n=808), adverse reactions that occurred at a rate greater than or equal to 2% included: uterine spasm (3% to 4%) and vaginal bleeding (3%). Vaginal irritation, itching, burning or discomfort, urticaria, and peripheral edema were reported at an incidence of less than 2%. ENDOMETRIN® is expected to have adverse reactions similar to other drugs containing progesterone (breast tenderness, bloating, mood swings, irritability, and drowsiness). ENDOMETRIN® is contraindicated in women who have or have had previous allergic reactions to progesterone or any of the ingredients in ENDOMETRIN®; a known missed abortion or ectopic pregnancy; liver disease; known or suspected breast cancer; active arterial or venous thromboembolism or severe thrombophlebitis, or a history of these events.

Please see accompanying Full Prescribing Information.

Please attach this application form to your essay entry and submit with a digital photo of you and your child(ren); of mother, partner, and child(ren); or of entire family.

ENTRY DEADLINE:

Entries must be postmarked by September 30, 2009. Digital photos, including an identification label, can be submitted with entry on CD-ROM or by e-mail to:

My Little Miracle Essay Contest
c/o Kovak-Likly Communications, LLC
23 Hubbard Road
Wilton, CT 06897
Phone: (203) 762-8833
Fax: (203) 762-9195
E-mail: CStroup@KLCpr.com

ENTRANT INFORMATION:

Please print or type.

Entrant Name: _____
Last Name First Name Age

Spouse/Partner Name: _____
Last Name First Name Age

Home Street Address (or PO Box): _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone: () _____ Evening Phone: () _____ E-mail: _____

Essay Entry Title: _____



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CHILD(REN) INFORMATION:

For pregnancies with multiple births, please list each child on a separate line.

| | | |
|-------------------|-----------------------------------------------|-------------------------------|
| Child 1: | Age: | Date of Birth: |
| <hr/> <i>Name</i> | <hr/> <i>(Please specify years or months)</i> | <hr/> <i>(Month/Day/Year)</i> |
| Child 2: | Age: | Date of Birth: |
| <hr/> <i>Name</i> | <hr/> <i>(Please specify years or months)</i> | <hr/> <i>(Month/Day/Year)</i> |
| Child 3: | Age: | Date of Birth: |
| <hr/> <i>Name</i> | <hr/> <i>(Please specify years or months)</i> | <hr/> <i>(Month/Day/Year)</i> |

TREATMENT INFORMATION:

Medication(s) Used to Conceive:

Time Spent Trying to Conceive:

Primary Physician Name:

First Name *Last Name* *MD/PhD*

Center Name:

(Please specify full center name)

Location:

Street or PO Box

City *State* *ZIP Code*

Physician Office Telephone: ()

Physician Office Fax: ()

IVF Coordinator

Name *Telephone* *E-mail address*

DATA COLLECTION:

How did you hear about this contest? (Check all that apply.)

| | | |
|-------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> www.ferringusa.com | <input type="checkbox"/> www.ferringfertility.com | <input type="checkbox"/> A friend |
| <input type="checkbox"/> My physician | <input type="checkbox"/> My nurse | <input type="checkbox"/> Mailing from physician's office |
| <input type="checkbox"/> Flyer in physician's office waiting room | <input type="checkbox"/> www.resolve.org | <input type="checkbox"/> www.theafa.org |
| <input type="checkbox"/> Chat room (Please specify): | <input type="checkbox"/> Other (Please specify): | |

List all Ferring products used to help you achieve your goal of becoming parents (must have successfully used BRAVELLE® [urofollitropin for injection, purified] and/or MENOPUR® [menotropins for injection, USP] to be eligible for this contest).

BRAVELLE® ENDOMETRIN® (progesterone) Vaginal Insert 100mg
 MENOPUR®

PROCESS:

- Completed essays must be postmarked by September 30, 2009.
- The topic of the essay is "If I Knew Then What I Know Now." Please include what advice you would give to other women who are just beginning their journey to parenthood and how would you describe your success with using BRAVELLE® and/or MENOPUR®.
- Entries must include
 - A completed application
 - An essay not exceeding 2,000 words
 - A completed *Health Information Release Form*
 - A completed *Medical Confirmation and Physician Information Release Form*
 - Essays must be written in English
 - A digital photo of the entrant and child(ren); or entrant, partner, and child(ren); or entire family*

Applications are available by calling (203) 762-8833 and asking for the My Little Miracle Essay Contest representative or by visiting www.ferringfertility.com or www.ferringusa.com and clicking on the My Little Miracle Essay Contest icon.

PRIZES:

Six (6) winners will each receive a \$3,000 education fund

One fund per family will be awarded. Funds can be split between children for families with multiple births.

*All photos must be clearly labeled with the name of each individual (left to right or in an order that makes sense for the photo, with the order identified). Photos cannot be returned. Photos taken by a professional photographer must be accompanied by the *Professional Photographer Copyright Release Form* provided with the essay contest materials. Digital photos, including an identification label, can be submitted with entry on CD-ROM or by e-mail to: CStroup@KLCpr.com.

MENOPUR® administered subcutaneously is indicated for the development of multiple follicles and pregnancy in the ovulatory patients participating in an ART program. BRAVELLE® administered SC in conjunction with hCG is indicated for multiple follicular development (controlled ovarian stimulation) during ART cycles in patients who have previously received pituitary suppression. BRAVELLE® administered SC or IM, in conjunction with hCG, is indicated for ovulation induction in patients who have previously received pituitary suppression.

ENDOMETRIN® administered as a progesterone vaginal insert is indicated to support embryo implantation and early pregnancy by supplementation of corpus luteal function as part of an Assisted Reproductive Technology (ART) treatment for infertile women.



2009 HEALTH INFORMATION

Release

Authorization to release health information—in the form of a confirmation of medication and medical history for the successful infertility treatment cycle designated in the essay submitted by the patient below—to the My Little Miracle Essay Contest sponsored by Ferring Pharmaceuticals. **Form to be submitted with patient essay and contest application; one copy to be retained at patient's treatment facility.**

.....
PATIENT INFORMATION:

Name of Patient: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____

Names and addresses of covered entities authorized to release information to*:

- Ferring Pharmaceuticals Inc., 4 Gatehall Drive, 3rd Floor, Parsippany, NJ 07054
- Kovak-Likly Communications, LLC, 23 Hubbard Road, Wilton, CT 06897
- ICC Trio, 1 Gatehall Drive, Suite 100, Parsippany, NJ 07054

*Information may also be released to any affiliate entities thereof.

Forward information to: My Little Miracle Essay Contest
c/o Kovak-Likly Communications, LLC
23 Hubbard Road
Wilton, CT 06897
Fax: (203) 762-9195
(If preferable, please fax this form to Kovak-Likly Communications)

RIGHTS OF THE PATIENT:

This authorization shall be in effect until the information has been distributed as agreed.

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Kovak-Likly Communications, LLC. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that the information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. I understand that I have the right to refuse to sign this authorization. This authorization shall be in effect until revoked by the patient. I understand this form is not all-inclusive and is subject to modification. I authorize my physician to release medical information to the My Little Miracle Essay Contest sponsored by Ferring Pharmaceuticals.

Signature of Patient or Personal Representative: _____ Date: _____





Release

Confirmation of medication and medical history for the successful infertility treatment cycle designated in the essay submitted by the below-mentioned patient to the My Little Miracle Essay Contest sponsored by Ferring Pharmaceuticals. **Form to be submitted with patient essay and contest application.**

PATIENT INFORMATION:

Name of Patient: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____

Names and addresses of covered entities authorized to release information to*:

Ferring Pharmaceuticals Inc., 4 Gatehall Drive, 3rd Floor, Parsippany, NJ 07054

Kovak-Likly Communications, LLC, 23 Hubbard Road, Wilton, CT 06897

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23 Hubbard Road
Wilton, CT 06897
Fax: (203) 762-9195
(If preferable, please fax this form to Kovak-Likly Communications)

I confirm that the medications used in the above patient's successful infertility treatment cycle, which resulted in the birth of the child(ren) specified in the essay submitted to the My Little Miracle Essay Contest, are as listed and that the medical history stated within said essay is accurate.

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> BRAVELLE® (urofollitropin for injection, purified) | <input type="checkbox"/> ENDOMETRIN® (progesterone) Vaginal Insert 100mg |
| <input type="checkbox"/> MENOPUR® (menotropins for injection, USP) | <input type="checkbox"/> Other _____ |

Signature of Physician or Nurse from center where Patient was treated: _____ Date: _____

I authorize Ferring Pharmaceuticals, as well as its affiliate entities, to use my name and center/hospital/practice affiliation name in regard to my status as the treating physician for the above-mentioned patient when publicizing the entrants of the Ferring Pharmaceuticals' My Little Miracle Essay Contest. This includes, but is not limited to, use in press materials, promotional materials, Ferring Pharmaceuticals' Web sites, etc.

Signature of Physician or Nurse from center where Patient was treated: _____ Date: _____





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2009 PROFESSIONAL
PHOTOGRAPHER COPYRIGHT

Release

This form is to be completed only if a professional photograph is submitted. Submit form with patient essay and contest application for the Ferring Pharmaceuticals' My Little Miracle Essay Contest. Photographer's signature is required for all professional photos submitted with contest entry.

Entrant Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () Fax: () E-mail: _____

Entrant signature: _____ Date: _____

_____ grants permission/relinquishes copyright protection for the
(Insert company name)
below-mentioned photographs to be reproduced/alterd for promotional purposes related to, but not limited to, the above-named entrant's participation in the Ferring Pharmaceuticals' My Little Miracle Essay Contest. Ferring Pharmaceuticals and its affiliate entities are hereby authorized to edit, modify, adapt, exhibit, transmit, copy, prepare derivative works from, distribute, display, and use these photos for, but not limited to, activities related to the contest.

Studio Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Sitting #(s): _____

Photograph #(s): _____

Portrait Description: _____

Associate/Photographer Name: _____

Associate/Photographer Title: _____

Associate/Photographer Signature: _____ Date: _____

