



# NOMINATION FORM FOR MPN HEROES

Please use this form to nominate your heroes for the MPN Heroes® Program. MPN Heroes is a recognition program sponsored by the pharmaceutical company Incyte Corporation and in collaboration with *CURE* magazine. Individuals who are recognized by the MPN Heroes Program are selected by an independent panel of judges not influenced by Incyte Corporation or the publishers of *CURE* magazine.

Myeloproliferative neoplasms (MPNs) are serious diseases. They include myelofibrosis (MF), polycythemia vera (PV), and essential thrombocythemia (ET). Incyte, in cooperation with consultants and advocacy organizations, wishes to recognize the efforts of individuals, institutions, and organizations who act above and beyond in their efforts to support patients with MPNs. For more information about Incyte, visit [www.incyte.com](http://www.incyte.com).

## There are 3 easy ways to nominate your MPN Hero:



**Complete the form and mail it in to:**  
Heroes c/o Incyte Corporation  
PO Box 4691, Trenton, NJ 08650-4691

**OR**



**Visit [MPNHeroes.com](http://MPNHeroes.com)** to complete the form online

**OR**



**Call us at 1-844-MPN-HERO (1-844-676-4376)**  
and we'll take your nomination over the phone

All completed nomination forms must be submitted by **September 14, 2017**.

## INSTRUCTIONS:

- Choose only 1 category for each nominee
- Clearly state the MPN (MF, PV, or ET) patient need being addressed
- Be sure that the achievements of the nominee are recent. All achievements should have taken place within approximately the last 24 months
- An organization may submit an entry for its own program, with the following conditions:
  - The nomination can be for only 1 specific activity or program
  - Only 1 entry per year can be submitted
  - Independent confirmation is strongly encouraged
- Individuals can be recognized posthumously
- Individuals, organizations, or institutions can be nominated by themselves or by others, with the following conditions:
  - They must be aware of the nomination
  - The nomination must be approved by, and compliant with, any institutional rules and guidelines

## WHEN COMPLETING YOUR NOMINATION:

- Each nominee will be considered by the judging panel. Please note, this is not a vote and nominees will not be selected based on the number of nominations they receive. Please keep in mind that the judging panel considers each written response in their review of the nominations, so provide a robust response that illustrates how your nominee has gone above and beyond.

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## CATEGORIES FOR RECOGNITION:

Nominees for recognition can be recognized in 1 of 2 categories:

### Category A: Commitment to the individual

Recognizes individuals who provide or demonstrate care, guidance, education, or support above and beyond the standard of care for a patient(s) with MPNs

**Types of work honored include:** Dedication by a nurse, doctor, or caregiver whose contributions to a person with an MPN have had a clear impact

### Examples of criteria that an independent judging panel will consider when reviewing your nomination

- Include testimony from a patient or family member who was helped by this person. Word-for-word feedback should discuss behaviors and actions that model extraordinary care and support, such as:
  - Courage, sacrifice, strength, and/or creativity in overcoming the stresses or obstacles associated with caregiving
  - Patience and endurance in helping a patient's life to be improved. Describe details of the patient's life that improved—for example, the patient regained the ability to perform daily functions independently, to return to work, to engage with the community

### OTHER CRITERIA THAT CAN SUPPORT A NOMINATION INCLUDE:

- Hours of volunteer time providing a person with services
- Activities that demonstrate commitment for underserved people
- Actions describing the impact of the nominee's dedication to a person's ability to get access to better care and treatment

## Category B: Commitment to the broader MPN community

Recognizes leadership in developing services and programs that address the needs of patients with MPNs, families, friends, caregivers, and healthcare professionals by advancing the science and medical understanding of MPNs, education, awareness, or approaches to care

- Types of work honored include:**
- Advocating for better care
  - Outreach to underserved populations, activities at the grassroots level, promoting the patient's voice, providing MPN community leadership
  - Creating awareness programs, innovative educational materials, programs or events, disease management initiatives, research and science-based programs, media outreach, or campaigns

### Examples of criteria that an independent judging panel will consider when reviewing your nomination

- Examples include information such as:
  - Number of patients reached through a program, education material, and/or event
  - Number of media impressions generated through outreach, advocacy, and grassroots efforts
  - Survey data that demonstrates a change in behavior, attitudes, awareness, or policies
- Peer-reviewed journal articles that support the nominee's commitment to leadership in developing services and programs that address the unmet needs of the MPN population, advancing the science of MPNs, or increasing awareness of unmet needs
- Other awards or accolades received for the activity nominated
- Ways the nominee worked to overcome issues and barriers to care, including financial, psychosocial, adherence support, and care assistance
- Patient or family testimony about how the activity impacted their lives for the better

### EXCLUSIONS:

- Employees or agents of Incyte, MK&A, or other Incyte vendors and members of their immediate family are not eligible for recognition
- Nominated individuals, institutions, or organizations and the programs or activities nominated must originate and be executed in one or more of the 50 states of the U.S., the District of Columbia, or Puerto Rico
- Nominated programs must be independent of purchase, use, and prescribing for any Incyte product
- Programs or activities that Incyte provided grants or other funding for directly
- Political lobbying activities
- Medical research or publications that have been funded or directed by Incyte
- Any nominee whose organization or institution does not allow recognition in the manner set forth in this program
- Nominated individuals or organizations must serve or be involved with the myelofibrosis (MF), polycythemia vera (PV), or essential thrombocythemia (ET) communities
- Judging panel reserves the right to exclude nominations of individuals that could be perceived as being too closely aligned to Incyte
- Individuals or organizations may not be recognized two years in a row or for a length of time agreed upon by the judging panel. View past heroes at [voicesofmpn.com/meet-heroes](https://voicesofmpn.com/meet-heroes)

**APPLICATION:** \*Indicates a required field

All information provided in this submission will be used only for the purposes of conducting the MPN Heroes® Program. The program judges and others involved in conducting the program will have access to the nomination information. This information will not be sold, rented, or otherwise shared with others without consent.

Each nominee will be considered by the judging panel. Please note, this is not a vote and nominees will not be selected based on the number of nominations they receive. Please keep in mind that the judging panel considers each written response in their review of the nominations, so provide a robust response that illustrates how your nominee has gone above and beyond.

Please indicate if you are nominating an individual or an organization\*

Individual     Organization

Please complete the section below for your nominee.

Name of individual or organization\* \_\_\_\_\_

Telephone\* \_\_\_\_\_ E-mail\* \_\_\_\_\_

Address\* \_\_\_\_\_

City and State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

**Nominee is aware that I made this nomination and that he/she may be contacted for the MPN Heroes® Program.\***

**1. In which category are you asking for the nomination to be considered?  
Please choose only 1 category. Each category is described in detail below.\***

- Commitment to the individual**, which recognizes individuals who provide or demonstrate care, guidance, education, or support above and beyond the standard of care for one or more patients with MPNs
- Commitment to the broader MPN community**, which recognizes a consistent or long-term or ongoing commitment to addressing the needs of the broader community of patients, families, friends, caregivers, and medical professionals affected by MPNs through, among other things, advancing science, education, or approaches to care

**2. Please check the box that best describes who you are nominating\*:**

- Caregiver
- Doctor
- Nurse
- Patient advocate
- Patient
- Medical center
- Patient organization
- Professional organization or society
- Other, please describe: \_\_\_\_\_

**3.** Please check the box that best describes why you are nominating this individual, organization, or institution\*:

- Demonstrating courage or strength in helping a person with MPN overcome obstacles
- Showing patience and endurance in helping a patient's life to be improved
- Dedicating time and effort toward underserved individuals
- Increasing an individual's ability to get access to better care and treatment
- Program that changed behavior, attitudes, awareness, or policies for the better
- Leadership in developing MPN services or programs that address unmet needs
- Advancing the science of MPNs
- Working to overcome barriers to care, such as financial or psychosocial concerns
- Ensuring that the voices and concerns of MPN patients are heard
- Grassroots, local activities to serve people with MPNs
- Developing new or innovative educational materials, programs, events
- Other, please describe: \_\_\_\_\_

**4.** Please answer the following questions about the person, program, or organization/ institution you have nominated. Please keep in mind that the judging panel considers each written response in their review of the nominations, so provide a robust response that illustrates how your nominee has gone above and beyond.\*

**4A.** Why do you think your nominee deserves to be recognized? What actions taken or programs, projects, or services did your nominee accomplish to improve the MPN community or the life of a patient or patients with an MPN?  
(Please provide detailed information, maximum 500 words, 30 points)

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**4B.** To provide the judging panel with an understanding of the outcomes of your nominee's actions please outline details addressing either:

**a)** The measurable impact of an individual's or organization's actions on the life of an individual such as rides provided for doctors' visits, navigation to insurance or financial resources to increase access to care, or time volunteered to increase quality of life.

**b)** The measurable impact of an individual's or organization's actions on the MPN community through details such as numbers of patients served, materials disseminated, survey results, patient improvements.  
**(Please provide detailed information, maximum 150 words, 10 points)**

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**Details for the person making the nomination (all required fields must be completed)**

Name\* \_\_\_\_\_

Telephone\* \_\_\_\_\_ E-mail\* \_\_\_\_\_

Address\* \_\_\_\_\_

City and State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Organizational/institutional affiliation (if applicable) \_\_\_\_\_

**By signing below, I attest that the responses provided in this form are true and accurate to the best of my knowledge:**

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

