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HUB COMMERCE USER GUIDE

Alexion

CONTENTS

| CONTENTS | 2 |
|------------------------------|----|
| ACCESS HUB COMMERCE | 3 |
| BROWSE THE CATALOG | 4 |
| OUT OF STOCK | 6 |
| ADDRESS BOOK | 7 |
| ADD ITEMS TO YOUR FAVORITES | 7 |
| CONFIGURE AN ITEM | 8 |
| CONFIGURE A KIT | 11 |
| REVIEW YOUR ITEMS | 15 |
| SELECT YOUR SHIPPING ADDRESS | 16 |
| MULTIPLE ADDRESS SHIPPING | 16 |
| SINGLE ADDRESS SHIPPING | 19 |
| DELIVERY METHODS | 21 |
| PAYMENT METHOD | 22 |
| BILL TO MY ACCOUNT | 22 |
| FINALIZE YOUR ORDER | 23 |
| ORDER HISTORY DETAILS | 26 |

ACCESS HUB COMMERCE

To Access HUB Commerce

1. Click the HH Global Quick Link on your Okta site to log into HUB Commerce using SSO.



2. After clicking on the HH Global tile from the Okta page, the user will be redirected to the MS Azure Login page to confirm your network credentials. Please ensure you are enter your **PRID** email if it is not already populated. E.g., <u>PRID@astrazeneca.net</u> This is your organization's SSO Login. Azure will then authenticate you and direct the user to Hub Commerce's landing page.







BROWSE THE CATALOG

To browse through a list of items, click on one of the categories on the left. Once you select a category, the available products in that category will be listed.

| AstraZeneca Rare Di | Q Search | | |
|----------------------|--|---|--|
| CATEGORIES | > Quick Entry | | Sort By: Default Sort Order 🗸 🧮 ALL |
| All | 7 | | |
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The search field will display items based on name or description containing the search term entered.

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|--------------|--------------|-----------------|----------|
| /on allohood | naro biocabo | soliris | ^ |
| CATEGORIES | | soliris patient | |
| All | ∇ | soliris pi | |
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| Favorites | • | soliris spanish | |

The catalog item display will include the item image, SKU and price.

If a quantity box appears when hovering over the item image, the item can be added to the shopping cart by entering a quantity and clicking the **Add to cart** button.

Note: The above feature will NOT appear if the Stock Item is Out of Stock.



Click on **View product** button to view the product detail page where additional details can be viewed. The **detail page** will include the item description at the bottom left and pricing, inventory levels (for inventory items) and the item SKU upper right.

| Start / Complement IAM / Exhibits/Congress / Complement table runner/overlay on existing tablecloth | Complement table runner/overlay on existing tablecloth AX-00108 Price USD \$0.00 Items in Stock 200 Min Quantity 1 Items to Add 0 USD \$0.00 Add to cart |
|--|---|
| Overview Complement table runner/overlay on existing tablecloth This piece is intended to be used in tandem with the old tablecloth (that has an outdated logo; not to be tossed) Table Runner | |

OUT OF STOCK

When an item is out of stock, the user will be shown an "Out of Stock" message under the product image on the category page.



If a product is Out of Stock, the user can enter their email address to be notified when the item is back in stock. To subscribe to back in stock notifications, navigate to the product detail page and enter your email in the notification field in the bottom right corner.



Users can also filter "In Stock" products by simply clicking on the filter feature within Product Categories.



ADDRESS BOOK

To access your address book, hover over the menu icon and select **Address Book.**

To add a personal address, click in the Add Address 🗟 top right corner.

| User Profile | |
|------------------|--|
| Address Book | |
| Order History | |
| Subscribed Items | |
| Log Out | |

ADD ITEMS TO YOUR FAVORITES

If you will be ordering a certain item frequently, click the "**Add to Favorites**" heart to add it to your Favorites list to make it easy to find in the future. The heart is available on both the catalog and detail pages.

You can see the list of all your favorite items by clicking Favorites in the Categories menu. Click the heart to remove it from your favorites.

| CATEGORIES | > Quick Entry |
|------------------------|---|
| All | |
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| Admin + | Binness devices of the set of the |
| aHUS + | interio Generalizzation Management Managemen |
| Alexion Test | |
| BIO CARDS + | aHUS Mailer Transition FAQ |
| COMPLEMENT - PEM Bus + | US/ULT-A/0174 \$ 0.00 USD |



CONFIGURE AN ITEM

To configure an item, go to the product detail page by clicking on View Product.

In the product detail page, click on the **Configure** button to bring up the customization form.

| | | OneSource US/ALL/0148 | Welcome Letter for | Enrollment |
|--|---|--------------------------|--------------------|------------|
| | ENSOURCE Face All All Sector Sector Sectors Patient Agent Agent Marce All All Annual All All All All All All All All All A | Min Quantity 1 | Configure | |
| | <text><text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text></text> | Items to Add | USD \$0.00 | |
| Dverview Nailing Packets w/variable data;On | eSource Welcome Letter for Enrollment - Letter includes one copy of the OneSource | | | |

Fill in the form on the right side of the screen with the customized information. All fields with a red asterisk are required. You can save this entry information as "Quick Fill" for future orders, by adding a name for this customization in the "Enter Quick Fill Name" field and click on Save Quick Fill.

| Click on Update , | | × |
|--------------------------|--|--------------------------------------|
| to generate an | 36% + 21 11 | |
| on-screen proof | ONESOURCE' branized films legar for fairs | Choose Quick Fill ~ |
| on serven prooi. | August 3, 2022 Dear Test, | Select a Mail Date* |
| | Welcome and thank you for enrolling in the Alexion OneSource™ Patient Support Program. | |
| | OneSource is here to help. It is a complimentary, personalized patient support program offered by Alexion and designed to support your specific needs. | Patient name* |
| | I want to introduce myself and provide you with my contact information so you can reach me should you have any issues, questions or concerns about your disease or Alexion Treatment. OneSource can assist in the following areas: | |
| | Disease Information While your condition is rare, it is not rare to us - we are available to provide educational materials and resources related your diagnosis. | Alexion Patient Services Contact* |
| | Health Insurance Margitsion OreGource can provide information about options for accessing treatment, regardless of your insurance. Our team can provide information to those who are insured, understanded, or may need support with external funding resources for not -dipolation about constance pape. | |
| | Ongeine Support Whether you are getting married, planning a vacation, or moving, DendSource can provide help and support along the way to continue to follow the plan of care mask by your physician. | Phone |
| | Community Connections Onefource any provide information about meetings and events, patient support activities, and advocacy groups. | Phone extension |
| | Life moves quickly, and OneSource is here when you need us. | |
| | Please feel free to reach out to me. | Enter Quick Fill Name |
| | Sincerely, | |
| | Test phone: 111-1111 mahrish hasan@Heighaha.com www.rkinefer.adagaaa.em | Save Quick Fill |
| | Endosure: OneSoure Biochure | C Update |
| l | | |

If you need to adjust any information, make revisions then click **Update** to refresh the on-screen proof.

| Select a Mail Date* 08/24/2022 Patient name* Patient name Alexion Patient Services Contact* Alexion Patient Services Contact Phone |
|--|
| 08/24/2022 |
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| 😌 Update 🗸 🗸 Approve/Checkout |
| |

Once you're satisfied with the proof, click the **Approve/Checkout** button to close the form and return to the product detail page.

50%

To add the item to your shopping cart, select a quantity and click the **Add to cart** button. You will be asked to confirm the proof one more time before the item is added to the shopping cart.

| | | US/ALL/0148 |
|---------|--|--------------|
| | DESCRIPTION OF THE DESCRIPTION O | Min Quantity |
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|-----------|--|---|
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| | Cancel | |

When you have added all desired items to your shopping cart, hover over the cart icon in the upper right corner of the screen and select **Checkout**. This launches the checkout screen.

| | | | | | F |
|--|--|----------------|------------|---------------|--------------------|
| Checko | ut | | | | |
| En el constante de la constant | OneSource Welcome USD \$0.00 (5 pcs) US/ALL/0148 | e Letter for I | Enrollment | | اد ا |
| | | | | Total USD \$0 | 0.00 |
| | Clear Cart | | | Checkout | |

Once the **Checkout** page opens, you will be prompted through five steps: **Items, Shipping, Delivery, Payment,** and **Checkout.**



CONFIGURE A KIT

A KIT includes various items bundled at the warehouse and shipped to you as a bundled package. Some KITs on the Commerce site include customizable letters, which you will modify on the site.

To begin configuring, find the bundle on the site. These can be found within the Letter/Kit category. Once you have found the KIT, click "View Product" to begin.



The user will see all the components listed in the Item Description within the Product Detail Page. If the KIT includes a customizable item, it will be listed as a component below the description with a pencil next to it which you will click to start customizing.

| <section-header> Oursuew Hitchemic Strike Staffer Staffers formation Card - English (AX-0028): Staffer Staffers for (USUNB-A0200): Staffer Staffers for USUNB-A0200): Staffer Staffers for USUNB-A02000: Staffer Staffer Staffers for USUNB-A02000: Staffer Staffer Staffer Staffers for USUNB-A02000: Staffer Staffer Staffe</section-header> | | | | | | |
|---|--|---|------------|------------|---------------|--------|
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| Name Quantity Unit price Price Image: Solicity Patients Safety Card Image: Solicity Patients Solicity Patients Image: Solicity Patients <td< td=""><td colspan="6">Soliris Patient Safety Information Card - English (AX.00283) aHUS Patient Starter Kit Outer Env (US/NIN-8/0200) Soliris PI Folded (AX:0014) Variant Bcard List- dropdown list (MSTR-BCARD) ULTOMIRIS Patient Safety Information Card - English (AX:00283) aHUS Patient Safety Information Card - English (AX:00283) aHUS Patient Safety Information Card - English (AX:00283) aHUS Patient Safety Information Card - English (AX:00283) Soliris PI Folded (AX:0014) ULTOMIRIS Patient Safety Card Letter (US/ALU/0392/04/2022) Your Business Card - (MSTR-BCARD) *to be configured separately, see below**</td></td<> | Soliris Patient Safety Information Card - English (AX.00283) aHUS Patient Starter Kit Outer Env (US/NIN-8/0200) Soliris PI Folded (AX:0014) Variant Bcard List- dropdown list (MSTR-BCARD) ULTOMIRIS Patient Safety Information Card - English (AX:00283) aHUS Patient Safety Information Card - English (AX:00283) aHUS Patient Safety Information Card - English (AX:00283) aHUS Patient Safety Information Card - English (AX:00283) Soliris PI Folded (AX:0014) ULTOMIRIS Patient Safety Card Letter (US/ALU/0392/04/2022) Your Business Card - (MSTR-BCARD) *to be configured separately, see below** | | | | | |
| Soliris Patient Safety Card 1 USD 50.00 USD 50.00 USD 50.00 Autus SOLIRIS Consented 1 USD 50.00 VSD 50.00 Autus SOLIRIS Consented 1 USD 50.00 VSD 50.00 V Multi DU SALU0391 1 USD 50.00 VSD 50.00 V | | Name | Quantity | Unit price | Price | • |
| AHUS SOLIRIS Consented Packet Product ID AX-00207-DK 1 USD 90.00 VSD 90.00 V Vorus Business Card - (MSTR-BCARD) **to be configured separately, click below** | | Soliris Patient Safety Card Letter Product ID US/ALL/0391 | 1 | USD \$0.00 | USD \$0.00 | Ø |
| Your Business Card - (MSTR-BCARD) **to be configured separately, click below** | \bigcirc | aHUS SOLIRIS Consented Packet Product ID AX-00207-DK | 1 | USD \$0.00 | USD \$0.00 | ~ |
| | Your Business Ca | ard - (MSTR-BCARD) **tc | be configu | red separa | tely, click b | elow** |



Once the pencil has been checked, the user will be presented with the following screen; the user can then start modifying the letter per their needs.

| | | | | 0 |
|---|--|--|-----------------------|--------|
| t items | | 39% - 🖓 - + 🔐 1:1 🖌 | Choose Quick Fill | ~ |
| Soliris Patient Safety Card Letter Product TD US/ALL/0391 | AtraZence Reve Disease | ONESOURCE* Descalar / Mart Seguridan Alasia | Addressee Name* | |
| E Danas de CEUES este este este este este este este est | Dear Addressee Name, | | Disease* | |
| | Enclosed please find your Patient Safety Card for SOLIRIS' (eculin | umab) injection, for intravenous use | Please Select | ~ |
| | At Alexion, safety is our priority for all patients receiving SOLRIS th regularly develop, review, and improve our safety-related resource up-to-date information and guidance. | erapy. As part of our commitment to patient safety, we is to ensure that our patients have the most current and | Case Manager* | |
| aHUS SOLIRIS Consented | SOURIS is a prescription medicine used to treat patients with a dis (PNH). It is not known if SOURIS is safe and effective in children wi | ease called Parcixysmal Nocturnal Hemoglobinuria di PNH. | Please Select | \sim |
| Packet Product ID AX-00207-DK | The enclosed Patient Safety Card specifically addresses the manage being on SOURIS therapy. This Patient Safety Card <u>must always be</u> in your healthcare. | ement of meningococcal infections, a potential risk of <u>carriad</u> and show it to any healthcare provider involved | | |
| | Select Important Safety Information for Patients Receiving SOLIR | 5 | | |
| | SOURIS is a medicine that affects your immune system and can low SOURIS increases your chance of getting serious and life-threateni may quickly become life-threatening and cause death if not recogn | ver the ability of your immune system to fight infections. ng meningcooccal infections. Meningcooccal infections ized and treated early. | | |
| | If you experience any of the symptoms listed on the Patient Safety emergency medical care in a major emergency center immediately professional who treats you. This will help them diagnose and trea | Card, cell your doctor and/or seek Immediate . Show your Patient Safety Card to any healthcare t you quickly. | | |
| | For more information on SOURIS, please review the SOURIS Preson Medication Guide at <u>http://www.SOURIS.erms.com</u> . | Ibing information, Patient Safety Brochure, and | | |
| | We encourage you to take an active role in the treatment and man Information on your Patient Safety Card and placing it in your walk | agement of your health. You can <u>start by filling in the</u> I <u>t or purse</u> , | | |
| | If you have any questions about SOLIRIS or your Patient Safety Car OneSource at 1-888-765-4747. | d, please speak with your treating physician or call your | | |
| | IMPORTANT SAFETY INFORMATION What is the most important information I should know about SO SOLIRIS is a medicine that affects your immune system and can lo | LIRIS? wer the ability of your immune system to fight | | |
| | SOURIS increases your chance of getting serious and life-three become life-threetening and cause death if not recognised an You must receive meningcocccal vaccines at least 2 weeks before If your doctor dedded that uppent treatment with SOURIS in an | Itening meningococcal infections that may quickly d treated early. re your first dose of SOLIRIS if you are not vaccinated. edd, you should neevie meningococcal vaccination as | Enter Quick Fill Name | |
| | soon as possible. 3. If you have not been vaccinated and SOURIS therapy must be in of antibiotics with your vaccinations. | itiated immediately, you should also receive two weeks | Save Quick Fill | |
| Sauge and close | | | C Update | |
| Done | waw 100 Collage Street, New Haven, CT 06510, USA at | +1.888.765.4747 ter +1.800.420.5150 une alercion.com | ✓ Approve/Checkour | |

To learn how to customize an item, please reference Configure an Item

Once you are done with the edits, clock on "Done" and proceed with adding the KIT to your cart.

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|---------------------------------------|--|---|-------------------------|------|
| tems | | 39% - 🖓 - + 🙀 | 1:1 🖌 Choose Quick Fill | ~ |
| Non-management | ALEXION' | ONESOURCE. | Addressee Name* | |
| Soliris Patient Safety Card Letter | Astraceneca Hare Lisease | Periorial and Puller Deput from Amoun | test | |
| | Dear Addressee Name, | | Disease* | |
| | Enclosed please find your Patient Safety Card for SOLIRIS' (eco | lizumab) injection, for intravenous use | aHUS | ~ |
| | At Alexion, safety is our priority for all patients receiving SOLIRI regularly develop, review, and improve our safety-related reso up-to-date information and guidance. | i therapy. As part of our commitment to patient safety, we roes to ensure that our patients have the most current and | Case Manager* | |
| aHUS SOLIRIS Consented | SOURIS is a prescription medicine used to treat patients with a (PNH). It is not known if SOURIS is safe and effective in children | disease called Parceysmal Nocturnal Hemoglobinuria with PNH. | Adrianne Zeoli | ~ |
| Product ID AX-00207-DK | The enclosed Patient Safety Card specifically addresses the mar being on SOURIS therapy. This Patient Safety Card <u>must always</u> In your healthcare. | agement of meningococcal infections, a potential risk of be carried and show it to any healthcare provider involved | | |
| | Select Important Safety Information for Patients Receiving SO | JR15 | | |
| | SOURIS is a medicine that affects your immune system and can SOURIS increases your chance of getting serious and life-threat may quickly become life-threatening and cause death if not rec | lower the ability of your immune system to fight infections. ning meningscoccal infections. Meningscoccal infections sprized and treated early. | | |
| | If you experience any of the symptoms listed on the Patient Sal emergency medical care in a major emergency center immedia professional who treats you. This will help them diagnose and t | ity Card, call your doctor and/or seek immediate wh. Show your Patient Safety Card to any healthcare eat you quickly. | | |
| | For more information on SOURIS, please review the SOURIS Pro Medication Guide at <u>http://www.SOURISrems.com</u> . | scribing information, Patient Safety Brochure, and | | |
| | We encourage you to take an active role in the treatment and r information on your Patient Safety Card and placing it in your w | sanagement of your health. You can <u>start by filling in the</u> allet or purse. | | |
| | If you have any questions about SOLIRIS or your Patient Safety OneSource at 1-888-765-4747. | ard, please speak with your treating physician or call your | | |
| | IMPORTANT SAFETY INFORMATION What is the most important information I should know about SOUBDE is a modified that affects your immune system and co | SOURIS? | | |
| | infections. • SOLIRIS increases your chance of getting serious and life-th become life-threatening and cause death if not recognized 1. Your must receive meningpoccel vaccines at least 2 weeks to 2. Your option and other series that were threatened with COLIDE to 2. Your option and other series that were the course with COLIDE to 2. Your option and the series that were the series with COLIDE to 3. Your option and the series that were the series with COLIDE to 3. Your option and the series that were the series with COLIDE to 3. Your option and the series that were the series with COLIDE to 3. Your option and the series that were the series with the series that we have the series with the series of the series that the series the series that the series that the series that the series the series the series that the series that the series the series the series the series the s | readening mening occoccal infections that may quickly and treated early. effore your first dose of SOLIRIS If you are not veccinated. | Enter Quick Fill Name | |
| | If you have not been vaccinated and SOLIRIS therapy must b of antibiotics with your vaccinations. | e initiated immediately, you should also receive two weeks | Save Quick Fill | |
| | | | C Update | |
| Save and close | varue 100 College Street, New Haven, CT 06510, USA | ue +1.888.765.4747 ne +1.800.420.5150 use allexion.com | ✓ Approve/Check | cout |



This particular kit has an option to include your personalized business card. The business card item must be added to your cart separately.

| Overview | | | | | |
|--|--|--|-------------|---------------|--------|
| Kit Contains: | | | | | |
| Soliris Patient Safety In aHUS Patient Starter K Soliris PI Folded (AX-00 Variant Bcard List- droj ULTOMIRIS Patient Saf Soliris Patient Safety In aHUS Patient Starter K Soliris PI Folded (AX-00 ULTOMIRIS Patient Saf Your Business Card - (M | formation Card - English (AX-00283 it Outer Env (US/UNB-A/0200) 1140) pdown list (MSTR-BCARD) fety Card Letter (US/ALL/0392/04/20 formation Card - English (AX-00283 it Outer Env (US/UNB-A/0200) 1140) fety Card Letter (US/ALL/0392/04/20 MSTR-BCARD) **to be configured se | 8) 3) 922) 922) eparately, see bel | ow** | | |
| | Name | Quantity | Unit price | Price | * |
| Hanna Hanna Mariana Managarana Hanna Mariana Hanna Mariana Han | Soliris Patient Safety Card Letter Product ID US/ALL/0391 | 1 | USD \$0.00 | USD \$0.00 | * |
| \bigcirc | aHUS SOLIRIS Consented Packet Product ID AX-00207-DK | 1 | USD \$0.00 | USD \$0.00 | ~ |
| Dur Business C | Card - (MSTR-BCARD) **to | o be configu | ıred separa | tely, click b | elow** |

Click on the business card within your Product Detail Screen. You will be taken directly to the MSTR-BCARD parent sku. Within the Product Detail Page, select your NAME from the dropdown. If your name does NOT exist, then we don't have your business cards in our warehouse. You must first order new business cards by customizing SKU # AX-00097.

If your name does exist, then please select your name and add to cart.



| | Bcard List OneSource Business Card: Amos Product ID BCARD_AMOS |
|--|---|
| License Augusten Augu | Items in Stock 0 Min Quantity 1 Name Amos, Cara Amdrews, Kristin Arisio, Leisa Balaban, Laryssa Barkhouse, Lauren Bell, Unknown Begraft, Cary Brewster, Tricia Brown, Cheryl Brewster, Tricia |
| Overview OneSource Business Card: Amos | Brown, Deana-Rae Busk, William Calixto, Jennifer Carew, Michael Carter, Cheryl Chiarella, Kim Chodos, Emily |
| ©2022 HH Global. All Rights Reserved. Terms & Conditions Privacy Policy Tracking Tools New Place he advised that our sites use condicts to provide some of the services we offer. Your browser | Clune, Alycia Conway, Dori Cordova, Christine |

When you have added all desired items to your shopping cart, hover over the cart icon in the upper right corner of the screen and select **Checkout**. This launches the checkout screen.

Once the **Checkout** page opens, you will be prompted through five steps: **Items, Shipping, Delivery, Payment,** and **Checkout.**



REVIEW YOUR ITEMS

On the Items screen, you can:

- 1. Remove all items from your shopping cart by clicking **Clear.**
- 2. Modify item quantities in the **Quantity** field.
- 3. Remove individual items by clicking the **X** button for the line item.
- 4. Continue adding items to your cart before checking out by clicking the **Continue Shopping** button.
- 5. Enable Multiple Address Shipping.
- 6. Continue with the purchasing process by clicking the **Next** button.

| 1 Items | 2 Shipping | 3 Deli | very | 4 Payment | 5 Checkout |
|---|---|-----------|-------------------|-----------------|--------------------------|
| Shopping Cart | | | | Enable Multiple | e Address Shipping Clear |
| | Item Description | | Quantity | Price | Subtotal |
| Above The main sector of the | Cover Letter to Accompany Print Materials t o HCPs SKU US/ALL/0324-V3 | Q | 2 | USD \$0.00 | USD \$0.00 × |
| | | | Subtotal TOTAL | | USD \$0.00 USD \$0.00 |
| Continue Shopping | | | | | Next |
| | | | | | |



SELECT YOUR SHIPPING ADDRESS MULTIPLE ADDRESS SHIPPING

Within the Items review section of the Checkout process, you can enable "Multiple Address Shipping". This will allow you to ship the item to multiple locations.

| Shopping Cart | Enable Multiple Address Shipping | Clear |
|---------------|----------------------------------|-------|
| | | |

On the **Multiple Address** screen, you will have the following options:

- 1. Download the template
- 2. Upload Addresses from your computer
- 3. Add addresses from your address book
 - a. Personal Address Book
- 4. Or continue as a single shipping address by "Enabling Single Address Shipping"

| 1 | 2 | 3 | 4 |
|--------------------------|-------|---------|-------------------------|
| Upload | Items | Payment | Checkout |
| Shopping Cart | | Enable | Single Address Shipping |
| L Download template | | | |
| 1 Upload Addresses | | | |
| + Add from Address Books | | | |
| | | | Next |

If you prefer to work with spreadsheets, click the download arrow 📥 next to "Download template" to download a copy of the import template.

| | А | В | С | D | E | F | G | Н | | J |
|---|----------|-------------|------------|----------|--------|------------|-----------|-------|-------|----------|
| 2 | Country* | First Name* | Last Name* | Company* | Phone* | Address 1* | Address 2 | City* | State | Zip Code |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |



Enter in all your shipping addresses, one location per line. You'll need to be sure all fields with a red asterisk are filled in or the import will fail.

Important Note: Ensure the City and State cells does **NOT** have an extra space before entering the city and state, and that the zip code is five digits.

When entering the phone number, please be sure to enter only digits, parenthesis, or a + sign

Valid examples include (000) 000-0000, or 000-000-0000. The phone field will not accept decimals.

The Country field will offer a dropdown.

| | A | В | с | | | | | | | |
|---|---------------|-------------|------------|----------------|--------------|------------------|-----------|-------|-------|----------|
| 2 | Country* | First Name* | Last Name* | Company* | Phone* | Address 1* | Address 2 | City* | State | Zip Code |
| 3 | United States | John | Doe | My Company | 000-000-0000 | 1234 Anywhere St | | City | ST | 00000 |
| 4 | United States | Janet | Doe | My 2nd Company | 000-000-0000 | 234 Anywhere St | 2nd Fl | City | ST | 00000 |
| 5 | United States | Jennifer | Doe | My 3rd Company | 000-000-0000 | 345 Anywhere St | | City | ST | 00000 |
| 6 | United States | Jim | Doe | My 4th Company | 000-000-0000 | 456 Anywhere St | | City | ST | 00000 |
| 7 | United States | Julie | Doe | My 5th Company | 000-000-0000 | 567 Anywhere St | | City | ST | 00000 |

After filling in all your locations, click the upload arrow \perp next to "Upload Addresses" and select your file. **Please note:** the import will only work with spreadsheets matching the format of the downloaded template file.

After a successful import, the screen will move to the Items page, which shows the list of locations in rows, and the corresponding items in columns.

To ship to locations already in the system, click the "Add from Address Books" button to open the address book screen.

All addresses require a value to be entered in the following fields for checkout:

- First Name
- Last Name
- Company
- Phone
- Address Line 1
- City
- State (US)
- Zip Code (US)



| Upload | 2 Items | 3 Payment | (4) Checkout |
|--|------------|-------------------|--------------------------------------|
| Shopping Cart | | | Enable Single Address Shipping Clear |
| | | | Onesseurce Welcome Le |
| TEST ORDER 1 United States Thornton CO 80229 9140 Washington 5 | R | | 2 X USD \$0.00 |
| TEST ORDER 2 United States Colorado Springs CO 80903 308 E Plato | e Ave | | 2 USD \$0.00 |
| TEST ORDER 3 United States Colorado Springs CO 80918 1714 Brook | wood Dr | | 2 × USD \$0.00 |
| | | | |
| | | | |
| | | Subtotal TOTAL | USD \$0.00 |
| | | | Back Next |

Note: If you want to send none (or 0) to a location then you must select the "X" to the right of the quantity. The application will NOT allow you to enter zero for an item and/or location.

Once you have entered and confirmed the shipping addresses and quantities for each is correct. If all is correct, click **"Next"** on the bottom of the page to proceed to the **Payment** page.



SINGLE ADDRESS SHIPPING

You can input a new address, or you can click on **Open Address Book** to select a shipping location from the Corporate Address book or your Personal Address Book.

| 0 | 2 | 3 | | 4 |
|-------------------|----------|-------------|------------|-------------------------|
| Items | Shipping | Payment | t | Checkout |
| Shipping Address | | | | Open Address Book Clear |
| Country * | | | | |
| United States | | | | ~ |
| First Name * | | Last Name * | | |
| Internal | | Tester1 | | |
| Company * | | | | |
| HH Global | | | | |
| Address 1 * | | | | |
| 203 N. LaSalle | | | | |
| Address 2 | | | | |
| Suite 5 | | | | |
| City * | State * | | Zip Code * | |
| Chicago | Illinois | | 60601 | |
| Phone * | | | | |
| 111111111 | | | | |
| | | | | |
| | | | | |
| | | Subtotal | | USD \$0.00 |
| | | TOTAL | | USD \$0.00 |
| Continue Shopping | | | | Back |



PERSONAL ADDRESS BOOK

The **Personal Address Book** is a user level address book you can manage. We recommend using it for one-off addresses that are used infrequently.

On the address book selection screen, you can choose from the shipping addresses you have saved in your User Profile. To narrow the list of displayed addresses, enter the desired criteria in the Search By area and click Search.

| hipping Address | | | Open Addr | 255 Book Clear |
|------------------|-----------|----------|---|----------------|
| Search by Search | | | Personal Address Book | × |
| _ | | | | Ø |
| Country | | | Test User HH Global 203 N. LaSalle Chicago, IL 60601 | |
| | | ~ | | = |
| First Name | Last Nam | 2 | Ok Cancel | \$ |
| | | | OK Caller | 12 |
| Company | | | | |
| Address 1 | | | | |
| Address 2 | | | | |
| Address 3 | | | | |
| Address 4 | | | | |
| City | State | Zip Code | | |
| Phone | Mobile Ph | one | | |
| | | | | |
| Email | | | | |
| | | | | |

Once you have entered and confirmed the shipping address is correct, click **Next** to proceed to the **Delivery** page.



DELIVERY METHODS

The items will be shipped using Alexion's FedEx account. Within the Delivery step, select the Shipping option. FedEx Ground is the preferred method.

| I tems | Shipping | 3 Delivery | 4 Payment | 5 Checkout |
|---|----------|----------------|---------------------|---------------|
| Choose Delivery Me | thod | | | |
| Internal Tester2 HH Global | | O FedE Over | x Priority night | USD \$0.00 |
| Chicago, IL, 60601 United States 4444444444 | | O FedE | x 2 day | USD \$0.00 |
| | | • FedE | x Ground | USD \$0.00 |
| | | Subtotal | | USD \$0.00 |
| | | Shipping Total | | USD \$0.00 |
| | | TOTAL | | USD \$0.00 |
| Continue Shopping | | | | Back Next |

Once you have selected the shipping method, click **Next** to proceed to the **Payment** page.



PAYMENT METHOD BILL TO MY ACCOUNT

Bill to My Account is the payment method enabled. Click **Next** to proceed to the Checkout Confirmation screen.

| V Items | Shipping | Delivery | 4 Payment | 5 Checkout |
|--------------------|----------|--|--------------|---|
| ayment method | | | | |
| Bill to My Account | | Bill to My Acco | unt | |
| | | Subtotal Shipping Total TOTAL | | USD \$0.00 USD \$0.00 USD \$0.00 |
| Continue Shopping | | | | Back Next |



FINALIZE YOUR ORDER

On the Checkout page, you can review and change all your order information before clicking **Checkout** which will route your order for processing.

| Items | Shipping | Deli | very | Payment | 5 Checkout |
|--|---|---------------|----------------|------------------------------|---------------|
| Shipping Address | Deliv | ery | | Payment Informatio | in |
| Internal Tester2 HH Global 203 N. LaSalle Chicaqo, IL, 60601 Y Change | FedEx (Change | Ground | | Bill to My Account Change | |
| | Item Description | | Quantity | Price | Subtotal |
| ADD - Annual Control of the Control | Cover Letter to Accompany Print Ma CPs SKU US/ALI/0324-V3 | iterials to H | 2 | USD \$0.00 | USD \$0.00 |
| inge | | | | | |
| | | | Subtotal | | USD \$0.00 |
| | | | Shipping Total | | USD \$0.00 |
| | | | TOTAL | | USD \$0.00 |
| Continue Shopping | | | | | Back Checkout |
| | | | | | |

An Order Confirmation screen will appear with the option to print on the bottom right corner.

You will also receive an email copy of your order confirmation at the email address on your account. If you need to contact ALEXION's Commerce Support regarding the order for any reason, please reference your order number.

| AstraZeneca Rare Disease | Search | | | | |
|--|--------|------------------|----------|------------|---|
| Order confirmation | Detail | 2 | | Ore | lered by |
| | IN P | ROGRESS | | Inte | rnal Tester1 rnaltester1@alexion.com |
| Shipping Address Internal Tester1 HH Global 203 N. LaSalle Suite 5 Chicago, IL 66601 United States 1111111111 | | | | | |
| Item | | Line Item Status | Quantity | Price | Sub |
| Cover Letter to Accompany Print Materials to US/ALL/0324-V3 | HCPs | In Progress | 3 | USD \$0.00 | USD \$0.00 |
| Payment Information Payment method: Bill to My Account | | | | TOTAL | USD \$0.00 |
| Continue Shopping | | | | | • |



Once the order has shipped or partially shipped, the user will be notified via email with the tracking details.

| ORDER UPDATED | | | | |
|---------------------|---|--|---------------------|---------------------------------|
| ORDER #P02362887704 | | STATUS | | |
| Sully Candelario | | In Progre Partially 5 Complete | ss Shipped ed | |
| SHIPPING ADDRESS | | BILLING AD | DRESS | |
| | | | | |
| Item | Line Item Status | Quantity | Price | Su |
| Item | Line Item Status In Progress | Quantity 1 | Price USD \$5.93 | Su U SD \$5.9 |
| | Line Item Status In Progress In Progress | Quantity 1 500 | Price USD \$5.93 | Su U SD \$5.9 U SD \$55.0 |

VIEW AND COPY PREVIOUS ORDERS

To access a list of all non-bulk orders you have placed, hover over the menu icon and select **Order History**.



On the **Order History** screen, you can **filter** order by date or status or search by keyword.

| Date Range | | Order History | | | | |
|-------------------|------------|---------------|------------|-------------|--------------|----|
| 5/3/2022 | <u>111</u> | | | | | 6 |
| 5/6/2022 | 1 | Order Number | Order Date | Order Total | Order Status | |
| Order Status | | | | | [| - |
| In Progress | | #PO3274627745 | 5/6/2022 | USD \$0.00 | COMPLETED | Те |
| Partially Shipped | | | | | | |
| Completed | | #PO3265834584 | 5/4/2022 | USD \$0.00 | CANCELLED | Те |
| Invoiced | | | | | | |
| Canceled | | #PO3254002215 | 5/3/2022 | USD \$0.00 | CANCELLED | Те |
| Order Number | | | | | | |
| | | C | | | | |
| | | | | | | |
| Product name | | | | | | |
| | | | | | | |
| | | | | | | |
| Description | | | | | | |
| | | | | | | |
| | | | | | | |
| Ordered by | | | | | | |
| | ~ | | | | | |
| | | | | | | |
| Search | | / | | | | |



ORDER HISTORY DETAILS

Click Q View Details to bring up an order's confirmation screen, which lists all the included items.

At the bottom of the screen, click the shopping cart to add all these items to your cart, or the print button to print the screen.

| Chicago, IL 60601 United States 8018759856 | | | | X |
|--|-------------------------|----------|------------|-------------|
| Item | Line Item Status | Quantity | Price | Sub |
| WR Divot Tool BF-296-0022 | Tracking Received | 5 | USD \$2.89 | USD \$14.45 |
| Tracking Received | | | | USD \$0.00 |
| Payment Information Payment method: Bill to N Company Code: 1000 GL Code: Territory: MRM 10 #: | n //y Account | то | DTAL | USD \$14.45 |
| | | | | ب ا |



CONTACT SUPPORT

Have a question or concern? Please contact support at <u>alexion-az-rdusupport@hhglobal.com</u> or complete this <u>Feedback Form</u>.

