



# 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. Individuals who are recognized by the MPN Heroes Program are selected by an independent panel of judges not influenced by Incyte Corporation.

**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 [Incyte.com](http://Incyte.com).

## How to Nominate Your Hero



Visit [MPNHeroes.com](http://MPNHeroes.com) to submit a form online



### Mail Your Nomination

- Download the form at [MPNHeroes.com](http://MPNHeroes.com)
- Mail to: Heroes c/o Incyte Corporation  
PO Box 4691, Trenton, NJ 08650-4691



### Contact Us for More Information

- Call **1-844-MPN-HERO** (1-844-676-4376)
- Email [MPNHeroes@RealChemistry.com](mailto:MPNHeroes@RealChemistry.com)

All completed nomination forms must be submitted by **<<February 28, 2025>>**.

## 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 services to someone
- 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 demonstrate 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

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### EXCLUSIONS:

- Employees or agents of Incyte, MK&A, or other Incyte vendors and members of their immediate family as well as current program year judging panel members 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 United States, 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 [MPNHeroes.com](https://www.mpnheroes.com)

## 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\* \_\_\_\_\_ Email\* \_\_\_\_\_

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.\*

- |   |   |
|---|---|
| <input type="checkbox"/> Caregiver        | <input type="checkbox"/> Patient organization                 |
| <input type="checkbox"/> Doctor           | <input type="checkbox"/> Professional organization or society |
| <input type="checkbox"/> Nurse            | <input type="checkbox"/> Other, please describe:              |
| <input type="checkbox"/> Patient advocate | _____   |
| <input type="checkbox"/> Patient          | _____   |
| <input type="checkbox"/> Medical center   | _____   |



**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\* \_\_\_\_\_ Email\* \_\_\_\_\_

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\* \_\_\_\_\_