**APPENDIX 4: PAXLOVID™ WALLET CONTACT CARD**

**WALLET CONTACT CARD**

Clinical Team (5am-8pm EST):
 xxx-xxx-xxxx

**Participant ID**: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

I am taking part in a COVID-19 treatment trial and have been assigned the treatment: **PAXLOVIDTM**

**Note**: **If I am receiving emergency treatment or if you find this card, please contact the CanTreatCOVID clinical team** (turn card over for contact details).



*Wallet Contact Card: PaxlovidTM; Version 1.0; Date: September 20, 2022*

(centre logo(s) as applicable)