Study Drug Request Form Order No: Mylo/

AML 17 Mylotarg Order

Please supply the following:

Description of Supplies	Quantity Required	Stock Level
Mylotarg		

Site Regulatory Approval in place: ☐ Yes ☐ No

EudraCT Number: 2007-003798-16

Centre Name:	
Principal Investigator:	
Subject's Initials:	☐☐☐ **Subject's Trial No:** 17 -☐☐☐☐
Subject's DOB:	......../......./.......
Date Medication is Required:	......../......./.......
Delivery Contact Name: Telephone and Fax of recipient:	Tel: .... Fax: ....
Delivery Address: Give full details pharmacy location	
Requested by: Signature confirms that all regulatory approvals for the investigator site requested are in place and that shipment may proceed	Name: .... Signature: .... Date: .... Tel: .... Fax: ....

SITE: Please fax to Cardiff Haematology Trials Unit 029207 42289

FOR CLINICAL TRIAL OFFICE USE ONLY: Fax to SMPU, Attention of Clinical Trials Team

Polarspeed ordered by Haematology Trials Unit for despatch on date: ..../......./........

Fax: 029207 48130 Signature........................ **Date** ..../......./........

ST MARY'S PHARMACEUTICAL UNIT – DESPATCH DETAILS

Study drug despatched as requested above:	Y / N *
Number of vials:	
Despatched by: (initials / date)	
Checked by: (initials / date)	
Date shipped:	
Expiry date of drug:	
Batch number:	

ACKNOWLEDGEMENT OF RECEIPT OF DRUG (TO BE COMPLETED BY THE SITE)

Drug supplies received complete and in good condition Y / N *

Package is unopened and undamaged Y / N *

* Circle as appropriate

Ensure that drug supplies are stored under appropriate conditions (2-8°C)

Signature / Date: (Recipient to sign and date)	

SITE: Please fax to Cardiff Haematology Trials Unit (029207 42289)