

AML 17 CEP 701/Placebo Order

Please supply the following:

Description of Supplies	Paediatric patient?	Follow-up supply (no. of bottles)	Stock Level
CEP 701 or Placebo	<input type="checkbox"/>		

Site Regulatory Approval in place: Yes No

EudraCT Number: 2007-003798-16

Centre Name:			
Principal Investigator:			
Subject's Initials:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Subject's Trial No: 17 -	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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: Fax to Cardiff Haematology Trials Unit 02920 742289			

TRIALS OFFICE USE ONLY: Authorise, and fax to SMPU (02920 748130)

Name: _____ Signature: _____ Date: _____

ST MARY'S PHARMACEUTICAL UNIT - DESPATCH DETAILS

Study drug despatched as requested above:	Y / N *
Number of bottles:	
Randomisation envelope sent with first supply only.	
Courier consignment note No:	
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 *	* Circle as appropriate
Package is unopened and undamaged	Y / N *	
Randomisation envelope received sealed and intact	Y / N *	

Ensure that drug supplies are stored under appropriate conditions (15-25°C)Signature / Date:
(Recipient to sign and date)

**SITE: Please fax to Cardiff Haematology Trials Unit (02920 742289) AND
St Mary's Pharmaceutical Unit (02920 748130)**