

AML 17 Arsenic Trioxide Order

Please supply the following:

Description of Supplies	Quantity Required	Stock Level
Arsenic Trioxide		

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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>
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

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

ST MARY'S PHARMACEUTICAL UNIT - DESPATCH DETAILS

Study drug despatched as requested above:	Y / N *
Number of ampoules:	
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 *

Package is unopened and undamaged Y / N *

* Circle as appropriate

Ensure that drug supplies are stored under appropriate conditions (15-30°C)Signature / Date:
(Recipient to sign and date)**SITE: Please fax to Cardiff Haematology Trials Unit (029207 42289)**