

AML 17 Everolimus 10mg tablets (RAD001) Order: Courses 2 & 3

Please supply the following:

| | |
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| Everolimus 10mg tablets (RAD001) | For courses..... |
| 2 packs of 28 tablets | 2 & 3 |

Site Regulatory Approval in place:

Yes No

EudraCT Number: 2007-003798-16

| | | | |
|--|--|------------------------|---|
| Centre Name: | | | |
| Principal Investigator: | | | |
| Subject Initials: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Subject 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: | include postcode | | |
| Requested by: | Signature: | Date: | |
| SITE: Please fax to Haematology Trials Unit on 02920 742289 | | | |

| | |
|--|------------------------------|
| Request approved by: Signature confirms the request is valid and that shipment may proceed (to be completed by the trial office) | Name: |
| | Signature: Date: |
| | Tel: Fax: |

| ST MARY'S PHARMACEUTICAL UNIT - DESPATCH DETAILS | |
|--|---------|
| Study drug despatched as requested above: | Y / N * |
| Number of packets: | |
| 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 * appropriate |
| If No give full details | |
| Ensure that drug supplies are stored under appropriate conditions (up to 30°C) | |
| Signature / Date: | |
| (Recipient to sign and date) | |

SITE Please fax to Haematology Trials Unit 029 20742289 and SMPU 029 20748130