|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hospital Name:** |  | **Principal Investigator:** |  | | |
| **Patient Initials:** |  | **Trial Number:** |  | **DOB:** |  |

Treatment phase: Myeloablative transplant - Palifermin treatment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dispensing** | | | | | | | **Destruction**  (only relevant to unused/returned vials) | | **Comments** |
| **Date dispensed**  (dd/mm/yy) | **Drug name** | **Day** | **Lot/Batch number**  **(s)** | **Expiry date**  (dd/mm/yy) | **Dose dispensed** | **Logged by**  (initials) | **Date of destruction**  (dd/mm/yy) | **Logged by**  (initials) |  |
|  | Palifermin | -10\* |  |  |  |  |  |  |  |
|  | Palifermin | -9 |  |  |  |  |  |  |  |
|  | Palifermin | -8\* |  |  |  |  |  |  |  |
|  | Palifermin | 0 |  |  |  |  |  |  |  |
|  | Palifermin | 2 |  |  |  |  |  |  |  |
|  | Palifermin | 4 |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*only for those patients randomised to P1 Standard dose palifermin  Store Original in Pharmacy File. When starting a new page, please fill in page number in bottom right hand corner. When page complete, ensure Pharmacy Lead signs section below. When requested, please fax a copy to the UKALL14 Trial Coordinator on 0207 679 9861 or scan and email to ctc.ukall14@ucl.ac.uk | | | | | |
| **Signed by Pharmacy Lead (print name):** |  | **Signature:** |  | **Date:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **For UCL CTC use only** | | Selected for in-depth checks? | Yes |  | No |  |
| Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date checked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Queries? Y / N | Date queries resolved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| CTC staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *File all correspondence relating to queries with this accountability log* | | | | |