**UKALL14**

**A randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia**

**Chief Investigator Dr Adele Fielding**

**Request form for Oncaspar patient supplies**

|  |
| --- |
| This form must be completed to obtain Oncaspar for the UKALL14 Trial.  Sites should keep a rolling stock of at least 2 vials of Oncaspar at all times.  Please complete every section below, and then email to Movianto as indicated.  For assistance, please contact the Movianto Customer Care Team on 01234 248632.  Orders received will be processed for delivery within 48 hours. |

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name | Oncaspar©(peg-Asparaginase) | Movianto Account No |  |
| Order number |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Drug Requirements** |  |  |
| No of vials required |  |  |

|  |  |  |
| --- | --- | --- |
| **Hospital Details** |  | |
| Hospital Name: |  | |
| Investigator Name: |  | |
| Pharmacy Contact Name: |  | |
| Contact Tel: |  | |
| Delivery Address | **UKALL14 TRIAL DRUG SUPPLY** | |
|  |  | |
|  |  | |
|  |  | Postcode: |

Declaration: To be signed by person ordering

I declare that this order for unlicensed product is for dispensing in accordance with a doctor’s prescription. I understand this order is for an Unlicensed Product and will maintain records of onward supply.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Print Name |  |
| Position |  | Date |  |

Please email this order form to Movianto at [orders.uk@movianto.com](mailto:orders.uk@movianto.com) copying in ctc.ukall14@ucl.ac.uk with the subject header ‘**UKALL14 Trial Oncaspar order’**

If email is not possible, Please fax this order form to Movianto Customer Care at **01234 248705**

|  |  |  |  |
| --- | --- | --- | --- |
| FOR MOVIANTO USE ONLY | | | |
| Order taken by |  | Signed |  |
| Date |  | Time |  |