

R-CODOX/M-IVAC TRIAL ORDER FORM

PER PATIENT ORDER

Fax

To:	Customer Services, Amgen Ltd	From:	
Fax:	0203 0240073	Pages:	
Phone:	0203 0240072	Date:	

Please forward Neulasta[®] for the R-CODOX/M-IVAC trial patient listed below:

REQUESTED BY			
Clinician:		Pharmacist:	
Contact Tel:		Contact Fax:	
Hospital Address:			

PATIENT INFORMATION	
Trial Number: (must be completed)	

PRODUCT REQUIRED	
Neulasta [®] (pegfilgrastim) 6mg /0.6ml/ Syringe	Supplied Free Of Charge
No. Syringes Required:	

AMGEN CUSTOMER SERVICES DETAILS	
Fax:	0203 0240073
E-mail:	cs-uk@amgen.com