

## DRUG ACCOUNTABILTY FOR SUPPLIED IMP: PATIENT LOG FOR ONCASPAR, MANUFACTURED BY SIGMA TAU

Please complete to record patient issue/return/destruction of Oncaspar during CONSOLIDATION

Hospital Name: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Patient Initials: \_\_\_\_\_

Trial Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Treatment phase: Consolidation (for Philadelphia negative patients)

Dispensing							Destruction (only relevant to unused/returned vials)		Comments
Date dispensed (dd/mm/yy)	Drug name	Cycle/Day	Lot/Batch number (s)	Expiry date (dd/mm/yy)	Dose dispensed	Logged by (initials)	Date of destruction (dd/mm/yy)	Logged by (initials)	
	Oncaspar	C1 D5							
	Oncaspar	C3 D4							

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](mailto:ctc.ukall14@ucl.ac.uk)

Signed by Pharmacy Lead (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: _____	<i>File all correspondence relating to queries with this accountability log</i>			