

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

Please complete to record patient issue/return/destruction of Oncaspar during PHASE 1 INDUCTION

**Hospital Name:** .....

**Principal Investigator:** .....

**Patient Initials:** .....

**Trial Number:** .....

**DOB:** .....

Treatment phase: Phase 1 Induction (for Philadelphia negative patients)

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)	
	Oncaspar	4*							
	Oncaspar	18							

\* Day 4 dose is omitted in patients over the age of 40

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:**

<b>For UCL CTC use only</b>		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>			