**UKALL14**

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

**Chief Investigator Professor Adele Fielding**

**Request form for Oncaspar supplies**

|  |
| --- |
| This form must be completed to obtain Oncaspar for the UKALL14 Trial.  **Sites are responsible for ensuring they have sufficient stocks to treat patients – confirmation of new patients are sent to pharmacy at time of study entry**. |

Please complete every section below, and then email to Shire as indicated. For assistance, please contact the Shire Customer Service Team on 0800 358 0952.

**Orders received before 4pm will be processed for next day delivery (Friday orders are delivered Monday).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Name | **Oncaspar© (pegaspargase)** | Shire Account No |  | |
| Order number |  |  |  | |
| **Drug Requirements** |  |  | |
| No of vials required |  |  | |

|  |  |  |
| --- | --- | --- |
| **Hospital Details** |  | |
| Hospital Name: |  | |
| Investigator Name: |  | |
| Pharmacy Contact: |  | |
| 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 Shire at [servicecs.uk@baxalta.com](mailto:servicecs.uk@baxalta.com) and copy in [ctc.ukall14@ucl.ac.uk](mailto:ctc.ukall14@ucl.ac.uk) with the subject header ‘**UKALL14 Trial Oncaspar order’**

*If email is not possible, please fax this order form to Shire Customer Services team at 0203 655 2602*

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