**UKALL14**

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

**Chief Investigator Professor Adele Fielding**

**Request form for Oncaspar supplies**

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| --- |
| 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 and copy 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 Shire Customer Services team at 0203 655 2602*

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