|  |  |  |
| --- | --- | --- |
| STUDY NUMBER: MV43697 | STUDY NAME: REMAP-CAP | eDDRF |

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|  | **Rx Supply Chain (Customer Care) - DRUG DELIVERY REQUEST FORM** |
| **Instructions:*** **Complete all fields unless marked “optional”.** In order to avoid errors, **DO NOT** over-type a previous order.
* Save the completed form as Word document (no other format will be accepted) and send as an email attachment to ukremap-cap@icnarc.org
* Incorrect or incomplete information will be returned for correction, resulting in delayed delivery.
 |
| **Date of Request:** |  |
| **Requestor Details** |
|  |
| **Title:** |  | **Surname:** |  |
| **Tel No:** |  | **Email:** |  |
| **Investigator Details** |
| **Title:**  |  | **Surname:** |  |
| **GMC number:** |  |
| **Pharmacy Details** |
| **Pharmacy Contact** |  | **Email:** |  |
| **GPhC number** |  | **Tel:** |  |
| **Delivery Details** |
| **Contact name:** |  |
| **Department name:** |  |
| **Full address for delivery:** |  |
| **Postcode:** |  | **Tel No:** |  |
| **Latest date required at site:** |  |
| *If a date is not specified, drugs will be delivered within 1 week of receipt of order. Note that no orders are despatched on Fridays (for Saturday delivery). Check arrangements for public holidays (ukremap-cap@icnarc.org)* |
| **Study number:** | **MV43967** | **Study name:** | **REMAP-CAP** |
| **Product Details**  |
|  | **Compound Name/Ro No** | **Form (e.g. tablets, vials)** | **Strength** | **Quantity per pack** | **No of packs required** |
| 1 | Baloxavir | Tablets | 40 mg | 1 tablet |  |
| Initial Order, please order 6 packs of baloxavir capsules (1x 40mg) |
| **Additional details / comments:**  |  |
| In case of an **EMERGENCY:** For an Investigator-Initiated Study, contact the study Sponsor in the first instance, otherwise contact your Roche Study Contact |