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| 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 | | | | | | | | | | | | |