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| STUDY NUMBER: ML43887 | STUDY NAME:RECOVERY | 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 welwyn.cpg\_general@roche.com. Copy in recoverytrial@ndph.ox.ac.uk with the first order from your site.
* Incorrect or incomplete information will be returned for correction, resulting in delayed delivery.
 |
| **Date of Request:** |  |
| **Requestor Details** |
| **Title:** |  | **Surname:** |  |
| **Tel No:** |  | **Email:** |  |
| **Principal Investigator Details** |
| **Title:**  |  | **Surname:** |  |
| **GMC number:** |  (search ‘GMC medical register’ to look up) |
| **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 (welwyn.cpg\_general@roche.com)* |
| **Study number:** | **ML43887** | **Study name:** | **RECOVERY** |
| **Product Details** |
|  | **Compound Name/Ro No** | **Form (e.g. tablets, vials)** | **Strength** | **Quantity per pack** | **No of packs required** |
| 1 | Xofluza | Tablets | 40mg | 1 |  |
| 2 | Tamiflu | Capsules | 75mg | 10 |  |
| 3 | Tamiflu | Bottle | 65mL, containing 390mg | 1 |  |
| **Additional details / comments:**  | (optional) |
| In case of an **EMERGENCY:** For an Investigator-Initiated Study, contact the study Sponsor in the first instance, otherwise contact welwyn.cpg\_general@roche.com**In the event of a temperature excursion during delivery, please contact medinfo.uk@roche.com** |