



TCATF 183 02
(Relates to SOP No. TCATS CTL 003)



REQUEST FOR ANTI-EBV CTL PRODUCT

TO BE COMPLETED BY THE CLINICIAN REQUESTING ANTI-EBV CTL PRODUCT

Name of Patient to be treated:		Date of Birth:		Patient Weight (kg)	
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I understand that the product supplied does not hold a UK product licence. I understand that the product is supplied to me solely for the treatment of the above patient. I take full responsibility for:

- 1) The use of the product in the treatment of the patient named above
- 2) Informing the patient of the unlicensed status of the product and gaining their consent
- 3) Authorising payment of charges applied to cover cost of supply. A cost recovery charge to supply CTL is currently set at £12,500 plus transport costs.

Contact details for invoice: Name, address, 'phone, e-mail	
Purchase Order No.	

I will report any product related adverse reactions to the SNBTS CTL team as soon as possible:
Tel 01224 812 401; Mob 07734 805 003; Fax 0131 314 5799; e-mail nss.ctlbank@nhs.net.

Name of Prescribing Physician:		
GMC number		
Address of Prescribing Physician, Including Dept.		
Telephone Number:		Hospital stamp*
Signature :		
Date:		

(*Hospital stamp or include hospital headed notepaper, signed and dated, please.)

Send request to CTL bank, SNBTS TCAT, The Jack Copland Centre, 52 Research Avenue North, Heriot-Watt Research Park, Edinburgh, EH14 4BE
Scan and e-mail to nss.ctlbank@nhs.net or fax: 0131 314 5799.