All enquiries please fax to
+44 (0) 1932 824 300, email: global@idispharma.com

MIFAMURTIDE ACCESS FORM FOR INITIAL AND REORDER REQUESTS

I would like to obtain Mifamurtide (MEPACT® or L-MTP-PE) for: ☐ Initial Order ☐ Reorder

Patient Initials/ Identifier: _____ Date of Birth: ☐☐ DD ☐☐☐ MON ☐☐☐☐ YYYY

I understand and agree that I will report all adverse events occurring with the use of Mifamurtide as required to my local competent authority and to send to Idis using the reporting documents provided.

Adverse Event (AE) is defined as: Any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have a causal relationship with this treatment. An AE can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporarily associated with the use of a medicinal/investigational product, whether or not considered related to the medicinal/investigational product.

ORDER QUANTITY PER PATIENT WILL BE ALLOCATED AND SHIPPED AT 12 PACKS PER ORDER/REORDER

Signature: _____ **Date:** _____

Physician Name:	Pharmacist Name:
Hospital / Department:	Phone:
Address:	Fax:
City:	Email:
Country:	

COMPLETE SECTION BELOW ON INITIAL REQUEST FOR MIFAMURTIDE ONLY

Patient gender (tick one): ☐ FEMALE ☐ MALE

Patient ethnic origin (tick one)
☐ Caucasian
☐ Black
☐ Asian
☐ Hispanic
☐ Other: Please specify: _____
(if patient is biracial, please specify both races)
☐ N/A if ethnic origin cannot be provided per country regulations

Initial diagnosis date: ☐☐ ☐☐☐ ☐☐☐☐
DD **MON** **YYYY**

Primary site of disease: _____
_____
_____

Will other agents be combined with Mifarmuratide for treatment: ☐ Yes ☐ No

If yes, specify: _____

Date of expected L-MTP-PE infusion: ☐☐ ☐☐☐ ☐☐☐☐
DD **MON** **YYYY**

Pre-Medication with an analgesic is recommended, is Pre-Medication Planned? ☐ Yes ☐ No

If yes, specify:
Drug and Dose:_____

Reconstitution under a Laminar Flow hood is also recommended

Initials _____ Date: _____