



CAELYX® MANAGED ACCESS PROGRAMME

INITIAL PATIENT REGISTRATION FORM

Please complete and fax this form to the attention of **Kathy Mulligan, Marketing Assistant**, **Janssen Ireland** on: 353 (01) 6263592.

<u>Please note:</u> please complete this form for each new patient commencing Caelyx $^{\otimes}$ treatment. Once Janssen receive the request, we register the patient and order details. The stock for the complete treatment is ring-fenced and stock for the 1^{st} cycle will be released. Please note that a re-supply form will need to be completed for each subsequent cycle. If you are using Baxter or Fannins, Janssen will revert to you with confirmation of the order which you may forward to Fannins/Baxter. If no stock is available Janssen will call and email the pharmacist and inform of next expected delivery date. Orders must be placed before 2pm to ensure next day delivery. **Due to limited supply, submission of this form does not constitute a guarantee to receive product.**

Information (required):

Pharmacist's Name:	
Hospital name:	Contact Email:
	CMD Account Number
Telephone:	CMR Account Number:
Fave	Order Reference Number:
Fax:	Order Reference Number.
Prescribing Physicians Name:	
Patient-Identifier (Hospital Number):	
Distributor for Caelyx [®] :	□ Movianto □ Fannins □ Baxter
Your Order: Please note that only 20mg vials are available. 1. How many Caelyx [®] vials does the patient require for immediate use:	
 How many Caelyx[®] vials does the patient vials required for immediate use): 	t require to complete the full course of treatment (excluding
3. Scheduled date for 1 st infusion:	
4. Frequency patient receives treatment	
Next cycle requirements Please note that all subsequent orders must be ordered by submitting the CMA Re-Supply Form.	
Signature Pharmacist:	
Date:	
Before prescribing Caelyx [®] please see the full Prescribin For any medical queries please contact the Medical In For queries relating to supply, please contact Bláithín L	
FOR JANSSEN INTERNAL USE ONLY: CMA Patient	Identifier No.

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