

## BATCH CHEMOTHERAPY ORDER FORM

(December 2017 – Version 5)

**Please fax with an accompanying cover note to 020 8838 8261**  
**Please call to confirm receipt of order on 020 8838 8272**

Please allow 72hrs of turnaround time from when the order is received. Orders received after 12pm will be treated as received the following day.  
Please print clearly using black ink.

<b><u>Hospital &amp; Delivery Address</u></b>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b><u>Contact No:</u></b></td> <td style="width: 50%;"><b><u>Order No:</u></b></td> </tr> </table>	<b><u>Contact No:</u></b>	<b><u>Order No:</u></b>
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Date/time drugs to be received by (Please put X)	Pre 10:30am	Pre 12pm	Pre 2pm	Same Day AM	Same Day PM
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	Drug Name	Final Container	Dose (mg)	Route (e.g. IVB)	Diluent	Total Volume (mls)	Quantity	FOR ITH USE ONLY	
								Final Chk.	Release
1									
2									
3									
4									
5									

<b>Additional requirements (Please state)</b>	
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Name of Person Ordering: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **ITH PHARMA USE ONLY**

<p><b><u>SCHEDULING</u></b></p> <p>Scheduled By:</p> <p>Manufacture Date/Time:</p> <p>Delivery Date/Time:</p> <p>Delivery Type/Time: (circle)</p> <p style="text-align: center;">S/D: AM PM @</p> <p style="text-align: center;">O/N: Pre 10:30am Pre 12pm Pre 2pm</p>
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<p><b><u>INVOICING</u></b></p> <p>Invoiced By:</p> <p>Checked By:</p> <p>Invoice No:</p>
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Prepared By: Sunmeet Kaur (Deputy Unit Manager) Checked By: Zahedul Khan (Senior Deputy Unit Manager)