

## BATCH CHEMOTHERAPY ORDER FORM

(November 2011 – Version 4)

**Please fax with an accompanying cover note to 020 8838 8281  
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>	
<b><u>Contact No:</u></b>	<b><u>Order No:</u></b>

Date/time drugs to be received by (please circle)				
	Pre 10am	Pre 12pm	Pre 2pm	Same Day

	Drug Name	Dose (mg)	Route (e.g. IVB)	Diluent	Total Volume (mls)	Quantity	<b><u>FOR ITH USE ONLY</u></b>	
							Final Chk.	Release
1								
2								
3								
4								
5								
6								

Name of Person Ordering: \_\_\_\_\_ Position: \_\_\_\_\_

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

**ITH PHARMA USE ONLY**

**SCHEDULING**

Scheduled By:  
 Manufacture Date:  
 Delivery Date:  
 Delivery Type/Time: (circle)

S/D: AM PM @  
 O/N: Pre 10am Pre 12pm  
 Pre 2pm

**INVOICING**

Invoiced By:  
 Checked By:  
 Invoice No:

Prepared By: Simon Boyes (Unit Manager)      Checked By: Karen Hamling (Managing Director)