Otsuka
Otsuka-people creating new products for better health worldwide

Otsuka Novel Products GmbH

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Customer Service Contact
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Order Form

Officially Registered Billing Address:

Shipping Address (if different):

Organisation Name:
Type of Legal Entity:
Street Address:
Street Address:
City, Post Code:
VAT Reg. No.:
Contact Person:
Phone/Fax:
E-mail:

Please return the completed Order Form via fax or e-mail.

Customer service is available Monday to Friday 8:30 a.m. to 5:00 p.m. (except German / North Rhine-Westphalian public holidays)

Quantity	Article No.	Article Description	Unit Price	Total
		Deltyba™ 50 mg, 48 film-coated tablets		

- o This order is an initial supply for a hospitalised patient.
- o This order is an initial supply for an out-patient.
- o This order is a re-supply for an out-patient. Remaining duration of treatment is ……… days.
- o This order is a re-supply for a hospitalised patient. Remaining duration of treatment is ……… days.
- o This order is for stock.

I herewith confirm the following:

- My/the treatment facility's experience in the management of multidrug-resistant tuberculosis
- That appropriate infection control measures are in place at the treatment facility
- That the treatment facility has access to drug susceptibility testing
- That the treatment facility has access to quality assured drug supply for the appropriate combination treatment regimen throughout the planned treatment
- That the treatment facility has access to ECG (electrocardiogram) testing and interpretation
- That pharmacovigilance reporting guidelines will be followed
- That the risk minimisation information supplied will be provided to the treating physician
- That appropriate education will be provided to patients on the risk of use during pregnancy and breast-feeding

Please provide the following information (IN CAPITAL LETTER). Fields marked with an asterisk (*) are mandatory.

Name*: ……………………………………………

Date*: ……………………………………………

Signature*: ……………………………………………

(Pharmacy representative or physician)

Name of treating physician*: ……………………………………………

Treatment centre*: ……………………………………………………………

Address*: ……………………………………………………………………

E-mail*: ………………………………………………………………………

Telephone*: …………………………………………………………………

Otsuka Novel Products GmbH Standard Terms and Conditions, which can be accessed, downloaded and printed from www.otsuka-onpg.com, shall apply.