

## Deltyba® Order Form

**\*\*\*\*\*NHS England Hospitals only\*\*\*\*\***

Official Registered sold to Address:

Organisation/Trading name:

Registered legal entity name:

Type of legal entity:

Street Address:

Street Address:

City, Post Code:

VAT Reg. No.:

Contact Person:

Phone/Fax:

E-mail:

Shipping Address (if different):

**\*\*\*\*\* Please fax to 0800 358 0955 or e-mail to [otsuka.onpg@bertelsmann.de](mailto:otsuka.onpg@bertelsmann.de) \*\*\*\*\***

Customer service (0800 358 0954) is available Mon-Fri 7:30 am-4 pm (except North Rhine-Westphalian public holidays)

Quantity	Article Description	Unit Price (excl. VAT)	Total
	Deltyba® 50 mg, 48 film-coated tablets	£1250.00	

Please note - each box of 48 tablets is sufficient for 12 days treatment and a total of 14 boxes are required for a full 24 week course.

Please tick one box only:

- This order is an initial supply for a patient. Start date \_\_\_/\_\_\_/\_\_\_\_. Estimated end date \_\_\_/\_\_\_/\_\_\_\_.

I also confirm that:

- the order complies with the Clinical Commissioning Policy for delamanid (NHSE F04/P/a).
- pharmacovigilance reporting guidelines will be followed.
- the risk minimisation information supplied will be provided to the treating physician.
- educational information will be provided to patients on the risk of use during pregnancy and breastfeeding as appropriate

- This order is a re-supply for a patient.

Name: .....

Name of treating physician: .....

Date: .....

Treatment Center: .....

Signature: .....

E-mail: .....

(Pharmacy representative or physician)

Telephone: .....

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