

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 *******

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:

******* Please fax to 0800 358 0955 or e-mail to otsuka.onpg@bertelsmann.de *******

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