

# 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
		Delytba™ 50 mg, 48 film-coated tablets		

- This order is an initial supply for a hospitalised patient.
- This order is an initial supply for an out-patient.
- This order is a re-supply for an out-patient. Remaining duration of treatment is ..... days.
- This order is a re-supply for a hospitalised patient. Remaining duration of treatment is ..... days.
- 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\*: ..... Name of treating physician\*: .....  
 Date\* ..... Treatment centre\*: .....  
 Signature\*: ..... Address\*: .....  
 (Pharmacy representative or physician) E-mail\*: .....  
 Telephone\*: .....

\*Please be informed that Otsuka Novel Products GmbH as Marketing Authorisation Holder for Delytba is obliged to provide Educational Materials about the minimisation of the risks associated with the use of Delytba to the treating physician and to the patient via the treating physician. To fulfil this obligation, Otsuka Novel Products GmbH will collect and save the contact details of the treating physician.

Otsuka Novel Products GmbH Standard Terms and Conditions, which can be accessed, downloaded and printed from [www.otsuka-onpg.com](http://www.otsuka-onpg.com), shall apply. You can access our data protection notice at <http://otsuka-onpg.com/privacy-policy>.