

Yondelis[®] Patient Access Scheme (Yondelis[®] PAS)



Yondelis[®] PAS treatment cycle claim form

Use of this form is mandatory for all NHS patients treated under the Yondelis[®] Patients Access Scheme. For treatment cycles to qualify under the PAS, completed forms must accompany each patient's order preferably or within 2-3 months of product orders for each cycle. For credit notes /cash rebates the claim form can be sent on a quarterly basis. Please FAX a copy to <<DISTRIBUTOR>> (FAX Number) and retain the original in your PAS folder.

Hospital details	
Hospital pharmacy stamp	
Consultant's name (print)	
Pharmacist's name (print)	
Pharmacist's declaration	I am satisfied that this treatment cycle of Yondelis [®] has been prescribed and dispensed in accordance with the SmPC and the terms and conditions of the Yondelis [®] PAS agreement.
Pharmacist's Signature	

Patient details	
Patient initial (surname only)*	
Patient Date of Birth (dd/mm)**	
Diagnosis	
Treatment cycle number	
Dose (mg)	
Date of claim	
Corresponding order number	

Note. To maintain patient confidentiality:

* Please only supply the initial of the patient's surname.

** Please do not write the year of birth.

Completed claim forms should be faxed with your orders or within 3 weeks of your orders to <<DISTRIBUTOR>> on (fax number)

<<doc ref number>>

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