



**TCATF 183 04**  
(Relates to SOP No. TCATS CTL 003)



## **REQUEST FOR ANTI-EBV CTL PRODUCT**

### **TO BE COMPLETED BY THE CLINICIAN REQUESTING ANTI-EBV CTL PRODUCT**

Name of Patient to be Treated:		Date of Birth:		Patient Weight (kg)	
--------------------------------	--	----------------	--	---------------------	--

I understand that the product supplied does not hold a UK product licence. I understand that the product is supplied to me solely for the treatment of the above patient. I confirm that there is a special clinical need and no licensed alternatives for use for the indication, or off-label use, are available for this patient. I take full responsibility for:

- 1) The use of the product in the treatment of the patient named above
- 2) Informing the patient of the unlicensed status of the product and gaining their consent
- 3) Authorising payment of charges applied to cover cost of supply. A cost recovery charge to supply CTL is currently set at £12,500 plus transport costs.

Contact details for invoice: Name, address, phone, e-mail	
Purchase Order No.	

I will report any treatment related adverse events or reactions to SNBTS as soon as possible:  
Tel 01224 812 401; Mob 07734 805 003; e-mail [nss.cctlbank@nhs.scot](mailto:nss.cctlbank@nhs.scot).

Name of Prescribing Physician:	
GMC Number:	
Address of Prescribing Physician, Including Dept.	
Telephone Number:	
Signature:	
Date:	

Send request to CTL bank, SNBTS TCAT, The Jack Copland Centre, 52 Research Avenue North, Heriot-Watt Research Park, Edinburgh, EH14 4BE  
Scan and e-mail to [nss.cctlbank@nhs.scot](mailto:nss.cctlbank@nhs.scot)