

SPIRIT 2 CML TRIAL	EudraCT number: 2007-006185-15
PRINCIPAL INVESTIGATOR: <i>ADD NAME</i>	PHARMACY REF:
SITE: <i>ADD NAME OF HOSPITAL</i>	TEL: <i>ADD TELEPHONE NUMBER</i>

Please take this form to the Hospital Pharmacy

Study Title: A phase III, prospective randomised comparison of imatinib (STI571, Glivec/Gleevec) 400mg daily versus dasatinib 100mg in patients with newly-diagnosed chronic phase chronic myeloid leukaemia.	Patient Trial Number	
	Patient Name or Hospital Label	

Please tick the appropriate treatment arm for the patient:

<i>Imatinib 400mg Daily</i>	
<i>Dasatinib 100mg Daily</i>	

The daily dose is:

Tick box if dose has changed since last prescription?

Please dispense _____ weeks supply
(round up amount dispensed to a whole number of boxes/bottles)

To be collected by:
 (Tick one box as appropriate)

Patient

Hospital Staff

Allocated person to complete bottom section of prescription

Investigator's signature:

Date:

Investigator's name:

Ext/Bleep:

Pharmacy Use Only

Dispensed by:

Checked by:

Date:

Medication collected by:

Signature:

Print Name:

Date: