





Erwinaze[®] Order Request Form

ORDERING INSTRUCTIONS	IMPORTANT INFORMATION
 1. Call McKesson Plasma Biologics (MPB) at 1-877-625-2566 to place your order.  2. Fax this completed Erwinaze Order Request Form to <u>ConnectiveRx</u> at 1-866-850-7793 . <p style="text-align: center; color: red;">Do NOT send this form to McKesson</p>  3. Call the Special Handling Hotline at 1-855-510-2284 .	<ul style="list-style-type: none"> An Order Request form MUST be submitted for each Erwinaze order. Orders will be accepted only when product is in stock. Orders will only be approved for patients for whom treatment is scheduled to begin within 14 days of order placement. Upon order approval MPB will contact you with an order confirmation number. All fields on this form are mandatory and failure to provide information will result in delays.

Total number of packs requested:	Total number of patients:	How many vials do you have in stock that can be used to treat these patients?
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PATIENT(S) INFORMATION								
Last Name or Initial	First Name or Initial	DOB (MM/DD/YY or Age)	Body Surface Area (m ²)	Planned start date of current Erwinaze course	* Number of vials required (5 vials = 1pack)	Date when 1 st course of Erwinaze administered <i>(leave blank if this is first course of treatment)</i>	Anticipated date of next treatment course	Anticipated number of future courses

* The recommended dose of Erwinaze is 25,000 international units/m² administered three times per week for 6 doses to replace a dose of pegaspargase. Erwinaze is supplied in 10,000 international unit vials.

HEALTH CARE PROVIDER INFORMATION			
Choose one of the following: <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD <input type="checkbox"/> PharmD/RPh			
First name:	Last name:	Telephone:	Fax:
By signing below, I attest that the information on this form is accurate to the best of my knowledge, and that I have the patients' HIPAA consent on file authorizing release of patients' information.			
SIGNATURE: 			

ORDERING INFORMATION		
Customer account name:	McKesson Plasma Biologics account number:	
Purchase Order #:	Order contact name:	Contact phone number:

Please be advised that by providing this information, there is no guarantee that Erwinaze will be available for current or future treatment cycles. In addition, please note that ConnectiveRX (HUB) is a HIPAA compliant business associate. The patient identifiable information you submit here will NOT be shared with anyone outside of ConnectiveRx.