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|  **Section I: EAP Request Details - To be completed by Requestor** ***\*\*\*please complete electronically\*\*\**** |
| **Contact Information**(Note “NA” for items not applicable.) |
| 1. Name of physician or regulatory agency requestor:
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| 1. Name of institution (if applicable):
 |
| 1. Physician/institution address:
 |
| 1. Physician phone number:
 |
| 1. Physician email:
 |
| 1. Additional Contact email and phone number, if applicable :
 |
| **Proposal Information** |
| 1. Name of drug being requested:
 |
| 1. Type of EAP: [ ]  Patient [ ]  Group

If this is a Group request, please provide any applicable details of program or attach a protocol, if available (do not include any patient identifiable information or personal data):      **NOTE:** If no protocol is attached, please complete items 9-14 below. If a protocol is attached, you may indicate “see attached” in items 9-14 as long as the information is included in the protocol.  |
| 1. Description of patient/patient group disease or condition including a summary of the medical history. Do not include any patient identifiable information or personal data; instead, provide either patient ID and study number (if the patient previously participated in Teva study) or initials:
 |
| 1. Rationale for expanded access use of the drug:
 |
| 1. Proposed patient/patient group treatment plan, including dose and duration:
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| 1. Do you consider the treatment to provide a positive risk/benefit, and why? :
 |
| 1. Proposed Procedures for Safety Monitoring:
 |
| 1. Proposed endpoint criteria (if any):
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| **Physician and Site Experience and Capabilities** |
| 1. Is physician licensed and qualified to administer drug for expanded access use (provide pertinent information [e.g., or attach CV, medical license to email]):
 |
| 1. Clinical trial experience of physician/site:
 |
| 1. Investigational drug storage capability:
 |
| **Drug Cost and Teva Expenses** |
| 1. Is free investigational drug requested?
 |
| 1. Description of activities for which funding by Teva is being requested (e.g., administrative, monitoring by HCPs, IRB/EC fees, pharmacy fees, importation licenses)?
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Once completed, email the request form to ExpandedAccess@tevapharm.com