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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: |
| 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: |
| 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)? |

Once completed, email the request form to [ExpandedAccess@tevapharm.com](mailto:ExpandedAccess@tevapharm.com)