

<p>OncoSil™ Implant Card Full Name: <INSERT> Device Name: OncoSil™ Model Number: OS01 Serial Number: <INSERT> Date of Implant: DD/MM/YYYY Dose/Activity Implanted: X MBq</p> <p>OncoSil Medical Level 5, 7 Eden Park Drive Macquarie Park NSW 2113 Australia www.oncosil.com</p>	<p>In Case of An Emergency If this person is admitted to hospital, or requires medical care or in case of emergency, please contact: Study Doctor Name: <INSERT> 24 Hour Available Contact Number: <INSERT> Treatment Facility Address: <INSERT> Contact Number: <INSERT> Radiation Safety Officer: <INSERT> Contact Number: <INSERT></p> <p>THIS CARD SHOULD BE CARRIED AT ALL TIMES UNTIL THREE MONTHS POST THE DATE OF IMPLANT</p> <p>PIC_OS01_P_EN v1 Patient Implant Card</p>
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