

# OncoSil™ System Order Form

**Standard Cut-Off Date for Ordering:** All orders must be submitted at least 7 business days prior to the treatment date. For any orders placed after this deadline, please contact Customer Service ([orders@oncosil.com](mailto:orders@oncosil.com)) to confirm feasibility.

<b>Order Type</b> <i>(use drop down)</i>	<input type="text"/>	<b>Date of Order</b>	<input type="text"/>
<b>From (Name)</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Hospital Name</b>	<input type="text"/>		
<b>Shipping Address</b> <i>(if different to that on the New Customer form)</i>	<input type="text"/>		
<b>Phone</b> <i>(inc country &amp; area code)</i>	<input type="text"/>		
<b>Authorised Dispenser (AD) Name</b>	<input type="text"/>	<b>Authorised User (AU) Name</b>	<input type="text"/>
<b>Special Instructions for Shipping</b>	<input type="text"/>		
<b>Site Purchase Order No</b> <i>(if applicable)</i>	<input type="text"/>	<b>Is Site Serviced by a Central RadioPharmacy?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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**Product Details for Commercial & Clinical Doses Only** Activity: 250MBq at Reference per Dose

<b>Patient Initials or Patient ID</b>	<input type="text"/>		
<b>Payor</b> <i>(use drop down)</i>	<input type="text"/>		
<b>Preferred Treatment Date</b> <i>(Select AM/PM if appropriate)</i>	<input type="text"/>	AM/PM <input type="text"/>	<b>Expected Delivery Date</b> <input type="text"/>
<b>Any Other Relevant Requirements</b>	<input type="text"/>		

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**Product Details for Calibration Doses Only** Activity: 250MBq at Reference per Dose

<b>Calibration Date</b>	<input type="text"/>	<b>Expected Delivery Date</b>	<input type="text"/>
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**IMPORTANT:** If there are any issues with the OncoSil™ System once your order has been received, please report this to OncoSil Medical IMMEDIATELY to [complaints@oncosil.com](mailto:complaints@oncosil.com)

<b>Name</b>	<input type="text"/>	<b>Signature of Person Placing Order</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>		

**Once this form is completed, please save a copy for your records and submit using this button\*:**

\*If email does not launch once button is pressed, please email to [orders@oncosil.com](mailto:orders@oncosil.com)

**SUBMIT ORDER**

**Amendments and/or Cancellations:** Must be provided in writing to OncoSil Medical Customer Service. If any amendments to your order are required, OncoSil Medical will confirm this in writing to you as soon as possible.

<b>Internal Use Only</b>	CN <input type="text"/>	ON <input type="text"/>
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