**NCCP National SACT Regimen Request**

**Please complete all fields below.**

**Completed forms should be emailed to** **oncologydrugs@cancercontrol.ie**

**The regimen request submission will be reviewed in line with NCCP processes to determine if the regimen is to be developed. We will revert on the outcome of that process.**

|  |  |  |
| --- | --- | --- |
|  | *Date* |  |
| 1. Name of Consultant requesting regimen
 |  |
| 1. Email address
 |  |
| 1. Contact number in case of queries (mobile number required)
 |  |
| 1. Details of proposed regimen
 | **Drugs** |  |
| **Indication** |  |
| 1. Clinical Evidence /References to support regimen
 |
|  |
| 1. Number of patients expected/year : 0-10 / 10-100 / >100
 |
| 1. For regimens involving high cost drugs

Is there a Compassionate Access Programme or Early Access Programme in place for this indication? (please give details) |