**NCCP National SACT Regimen Request**

**Please complete all fields below.**

**Completed forms should be emailed to** [**oncologydrugs@cancercontrol.ie**](mailto: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.**

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| --- | --- | --- | --- |
|  | *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) | | | |