

HEPZATO KIT Order Request Form

HEPZATO KIT™
(melphalan) for Injection/
Hepatic Delivery System (HDS)

PHONE: 1-833-632-0457
EMAIL: coordinator@HEPZATOKITREMS.com
WEB: www.HEPZATOKITREMS.com

INSTRUCTIONS

HEPZATO KIT is only available through the HEPZATO KIT Risk Evaluation and Mitigation Strategy (REMS) to mitigate the risks of severe peri-procedural complications including hemorrhage, hepatocellular injury, and thromboembolic events.

Healthcare settings that order HEPZATO KIT must be certified. To request an order of HEPZATO KIT, complete and submit this form to the REMS Coordinating Center via email at coordinator@HEPZATOKITREMS.com or online at www.HEPZATOKITREMS.com.

Date submitted to REMS:

Authorized Representative (all fields are required)

First Name:	Last Name:
Email:	Phone:
Department:	

Healthcare Setting Information (all fields are required)

Healthcare Setting Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

HEPZATO KIT Order Request

HEPZATO KIT DBC Spacing:	Quantity Requested
50mm	
62mm	

During and after administering HEPZATO KIT, for at least 72 hours, the healthcare setting must assess the patient for severe peri-procedural complications associated with HEPZATO KIT. Severe peri-procedural complications including hemorrhage, hepatocellular injury, and thromboembolic events must be submitted by completing the Severe Peri-Procedure-Related Complications Adverse Events Documentation Form to the REMS Coordinating Center.