

Criteria for Procedural Competency Checklist

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

PHONE: 1-833-632-0457
EMAIL: coordinator@HEPZATOKITREMS.com
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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 associated with HEPZATO KIT.

Percutaneous Hepatic Perfusion Procedural Team members that perform procedures with HEPZATO KIT must review the product's Prescribing Information, Instructions for Use, **Program Overview**, **Didactic Modules**, undergo the Preceptorship training, and must also successfully complete the Proctorship training provided by Delcath Systems, Inc.

To document completion of training requirements, complete and submit this form online at www.HEPZATOKITREMS.com or email to coordinator@HEPZATOKITREMS.com.

New Form	Updated Form	Date submitted to REMS:	
Authorized Representative (all fields are required)			
First Name:		Last Name:	
Email:		Phone:	
Healthcare Setting Information (all fields are required)			
Healthcare Setting Name:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Specialist Role: (all fields are required)			
Specialist Role:	Interventional Radiology	Anesthesiology	Perfusion
First Name:		Last Name:	
National Provider Identifier (NPI) #:			
Healthcare Setting Name:			
Credentials:	MD	DO	Other, please specify:
Title:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Email:		Phone:	
Date Prescribing Information, Instructions for Use, Program Overview, and Didactic Modules Reviewed:		Date:	Trainer Name:
Date of Preceptorship Training Provided by Delcath:		Date:	Trainer Name:
Date of Proctorship Training Provided by Delcath:		Date:	Trainer Name:

REMS USE ONLY
Tracking Number _____

Date _____