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| **Date Enquiry Received** |  |
| **Product** |  |
| **Customer Title Dr/Mr/Ms/Miss/Sister**  |  |
| **Customer Source Doctor/Pharmacist/Physician/Nurse/Other/Internal** |  |
| **Customer Surname** |  |
| **Customer First Name** |  |
| **Department** |  |
| **Address inc Postcode if appropriate** |  |
| **Telephone Number** |  |
| **email address (must NHS/institution email address)** |  |
| **Please confirm this is a specific enquiry requested by a customer? Yes /No** | **Off Licence enquiry? (delete as appropriate) Yes/No** |
| **Details of Specific Request and background information** |  |
| **Was this a request for MSL/Medical Affairs visit? (delete as appropriate)** |  |
| **Representative Name** |  |
| **Representative’s Manager** |  |
| **Delivery of information - Letter Direct, Letter via rep, Letter via email** |  |
| **Clinical Paper Request? To include all of the following details: Title, Author, Year, Journal, Page****E.g. Smith et al. Title of publication. BJU international, 2018, 30-35** |  |
| **Safety Information? If Yes please report to Drug Safety as soon as possible**  |  |

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| **Patient involved: (delete as appropriate)****No**  | **Patient experienced an AE after taking Astellas product? (delete as appropriate)** **No**  |

Please email medinfo.est-m@astellas.com